PRAMS Surveillance Report Alabama 2001

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Principal Authors Rhonda L. Stephens, M.P.H. and Carol Ann Dagostin, B.S.

Donald E. Williamson, M.D., State Health Officer Dorothy S. Harshbarger, M.S., Director, Center for Health Statistics Louie Albert Woolbright, Ph.D. Director, Division of Statistical Analysis

> Alabama Department of Public Health Center for Health Statistics Division of Statistical Analysis Post Office Box 5625 Montgomery, Alabama 36103-5625 (334) 206-5429

Informational materials in alternative formats will be made available upon request.

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Alabama PRAMS staff responsible for the collection and analysis of data in this report include Dorothy Harshbarger, PRAMS project director; Rhonda Stephens, PRAMS project coordinator; Shelia Davison, PRAMS data manager; Carol Ann Dagostin, PRAMS research analyst; and Albert Woolbright, PRAMS research analyst.

PRAMS SURVEILLANCE REPORT ALABAMA 2001

Table of Contents

		Page
Introduction on	nd Methods	1
	urveillance Report Highlights	
	ral Comments	
Chapter One	INTENDEDNESS OF BIRTHS	
	When Mother Intended to Become Pregnant, Alabama PRAMS 2001	6
	Unintended Births in Alabama, Alabama PRAMS 1993-2001	
	Unintended Births by Mother's Race, Alabama PRAMS 1993-2001	
	Unintended Births for Teens vs. Adults, Alabama PRAMS 1993-2001	
	Unintended Births by Mother's Education, Alabama PRAMS 1993-2001	
	Unintended Births by Marital Status, Alabama PRAMS 1993-2001	
	Unintended Births by Method of Payment for Delivery, Alabama PRAMS 1993-2001	
	Unintended Births by Live Birth Order, Alabama PRAMS 1993-2001	
	Percent Low Birth Weight by Intendedness of Births, Alabama PRAMS 1993-2001	
Chapter Two	PRENATAL CARE	
		1.5
	Prenatal Care Received as Early as Mother Wanted, Alabama PRAMS 2001	
	Topics Discussed During Prenatal Care Visits, Alabama PRAMS 2001	
	Percent of Mothers Who Took a Multivitamin Before Pregnancy, Alabama PRAMS 2001	
	Recommended Weight Gain of Mother During Pregnancy, Alabama PRAMS 2001	
	Mother's Prenatal Care Comments	21
Chapter Three	NEGATIVE HEALTH BEHAVIORS: SMOKING AND DRINKING	
	Smoked 100 Cigarettes or More in Past 2 Years, Alabama PRAMS 2001	23
	Percent of Mothers who Smoked, Alabama PRAMS 1993-2001	
	Percent of Mothers who Smoked by Mother's Race, Alabama PRAMS 2001	
	Percent of Mothers who Smoked by Mother's Age, Alabama PRAMS 2001	
	Percent of Mothers who Smoked by Mother's Education, Alabama PRAMS 2001	27
	Percent of Mothers who Smoked by Marital Status, Alabama PRAMS 2001	28
	Percent of Mothers who Smoked by Method of Payment, Alabama PRAMS 2001	
	Percent of Mothers who Smoked by Mother's Age and Race, Alabama PRAMS 2001	
	Percent Low Birth Weight by Race and Smoking Status of Mother During Pregnancy,	
	Alabama PRAMS 2001	
	Percent of Mothers who Drank Before and During Pregnancy, Alabama PRAMS 1993-2001	
	Percent of Mothers who Drank by Mother's Race, Alabama PRAMS 2001	
	Percent of Mothers who Drank by Mother's Age, Alabama PRAMS 2001	
	Percent of Mothers who Drank by Mother's Education, Alabama PRAMS 2001	
	Percent of Mothers who Drank by Marital Status, Alabama PRAMS 2001	
	Mother's Negative Health Behaviors Comments	
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Chapter Four	HEALTH CARE SYSTEM ISSUES	
	Mother Experienced Medical Problems During Pregnancy, Alabama PRAMS 2001	
	Alabama PRAMS 2001	
	Mother's Nights in Hospital for Delivery, Alabama PRAMS 2001	
	Percent of Mothers Receiving Selected Services During Pregnancy, Alabama PRAMS 2001	
	WIC Receipt During Pregnancy, Alabama PRAMS 1993-2001	
	Mother's Health Care System Comments	45
Chapter Five	BREASTFEEDING	
	Percent of Mothers who Breastfed, Alabama PRAMS 2001	
	Percent of Mothers who Initiated Breastfeeding, Alabama PRAMS 1993-2001	
	Percent of Mothers who Initiated Breastfeeding by Mother's Race, Alabama PRAMS 1993-2001	
	Percent of Mothers who Initiated Breastfeeding by Mother's Age, Alabama PRAMS 1993-2001	
	Percent of Mothers who Initiated Breastfeeding by Mother's Education, Alabama PRAMS 1993-2001	
	Percent of Mothers who Initiated Breastfeeding by Marital Status, Alabama PRAMS 1993-2001 Percent of Mothers who Initiated Breastfeeding by Method of Payment for Delivery,	
	Alabama PRAMS 1993-2001 Percent of Mothers who Initiated Breastfeeding by Birth Weight, Alabama PRAMS 1993-2001	
	Breastfeeding Events at Hospital After Delivery, Alabama PRAMS 2001	
	Receipt of Breastfeeding Information at WIC Visits, Alabama PRAMS 1996-2001	
	Mother's Breastfeeding Comments	
Chapter Six	CONTRACEPTION	
	Mother Not Planning Pregnancy Using Birth Control at Conception, Alabama PRAMS 2001	50
	Mother Currently Using Birth Control, Alabama PRAMS 2001	57 60
	Current Birth Control Methods, Alabama PRAMS 2001	
	Mother's Contraceptive Comments	
Chapter Seven	MISCELLANEOUS	
	Mother's Age at First Conception, Alabama PRAMS 2001	64
	Use of Reproductive Assistance for Conception, Alabama PRAMS 2001	
	Sources of Stress 12 Months Before Delivery, Alabama PRAMS 2001	
	Number of Stress Factors Before Delivery, Alabama PRAMS 2001	
	Percent of Mothers who Experienced Physical Abuse, Alabama PRAMS 2001	
	Percent of Mothers who Worked During Pregnancy, Alabama PRAMS 2001	
	Month Mother Stopped Working Due to Pregnancy, Alabama PRAMS 2001	
	Dental Care During Pregnancy, Alabama PRAMS 2001	
	Months Since Last Dental Cleaning, Alabama PRAMS 2001	
	Baby's Sleeping Position, Alabama PRAMS 2001	
	Frequency of Baby Co-Sleeping, Alabama PRAMS 2001	
	Selected Safety Characteristics, Alabama PRAMS 2001	
	Mother's Miscellaneous Comments	76
Technical Notes	S	77
PRAMS Surve	ey Questions	82

INTRODUCTION AND METHODS

INTRODUCTION

Since February, 1993, the Alabama PRAMS survey has been collecting data on mothers and their newborns whose births occurred after November 1, 1992. The collected information includes responses to numerous questions about the mother's experiences with the health care system during pregnancy and delivery, as well as postpartum care for both the mother and infant. Data are also collected on maternal behaviors and experiences which might have influenced the outcome of the pregnancy and the health of the infant.

PRAMS collects information for pregnancies resulting in live births only. No information is available through PRAMS about the characteristics of women whose pregnancies end in fetal death or induced termination of pregnancy. Data for fetal deaths and induced terminations of pregnancy are collected through the vital events system and are available in other publications.

METHODS

The survey is conducted according to the methodology developed by Donald Dillman and discussed in his book entitled *Mail and Telephone Surveys: The Total Design Method*. The survey questionnaire is sent to a sample of new mothers randomly selected from the birth certificate master file, two to four months after the baby is born. To maximize the likelihood of participation by those selected, each mother is sent up to five mailings, including three copies of the questionnaire. If no response has been received after the fifth mailing, up to fifteen attempts are made to contact the mother by telephone.

Beginning with the 2000 PRAMS survey, a Spanish language survey is sent along with an English language survey to mothers who are listed as 'Hispanic' on the birth certificate. Alabama does not have Spanish speaking interviewers for the phone phase.

The sample is selected through a complex, stratified sampling design. Mothers of low birth weight infants and those whose deliveries are paid for by Medicaid are oversampled. Roughly equal numbers of mothers are selected from each of four sample strata: Medicaid low birth weight, Medicaid normal birth weight, non-Medicaid low birth weight, and non-Medicaid normal birth weight.

The figures given in this publication are weighted to represent the 58,766 live births that occurred in Alabama in 2001 to women who were Alabama residents at the time of the births, excluding certain multiple births. The weights adjust for differential response rates by mother's marital status, age, and educational attainment. For infants born during 2001, 1,607 questionnaires were completed from the 2,136 sampled. The response rate was 75.2 percent.

This year 95% confidence intervals have been included in the analyses. Line graphs of the major topics have been included to identify trends and determine progress in objectives of interest. These trend charts may be useful to programs that are interested in PRAMS data. For the year 1993, November and December births in the year 1992 are included, since those two months were the first collected for Alabama PRAMS.

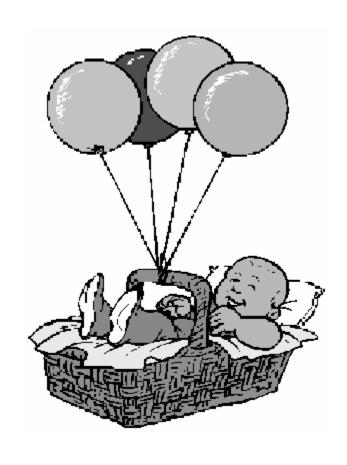
2001 PRAMS Surveillance Report Highlights

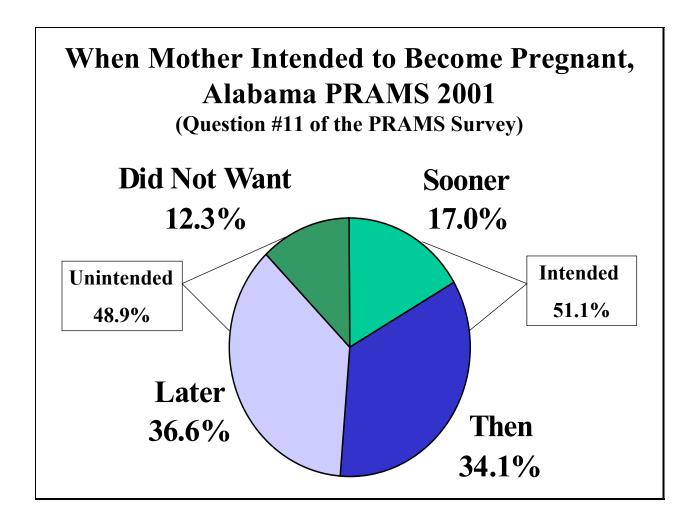
- Almost half of Alabama births in 2001 were unintended (48.9 percent).
- 29.3 percent of Alabama mothers reported that they had smoked 100 cigarettes or more in the past 2 years.
- 15.6 percent of Alabama mothers reported smoking during the last three months of pregnancy.
- 4.6 percent of Alabama mothers reported that they drank alcoholic beverages on a weekly basis during the last three months of pregnancy.
- Over two-thirds of Alabama mothers reported experiencing medical problems during pregnancy (70.5 percent).
- 55.5 percent of Alabama mothers participated in the Supplemental Food Program for Women, Infants, and Children (WIC) during pregnancy.
- Only 54.2 percent of Alabama mothers attempted to breastfeed their infants in 2001.
- Only 41.9 percent of Alabama mothers, who did not plan to become pregnant, reported using birth control at the time of conception.
- 7.3 percent of Alabama mothers reported using fertility drugs to conceive, and 1.8 percent used assisted reproductive technology.
- 5.8 percent of Alabama mothers reported physical abuse by their husband or partner during pregnancy.
- 48.9 percent of Alabama mothers who worked during pregnancy reported working until their ninth month of pregnancy.
- Almost a quarter of Alabama mothers needed to see a dentist during pregnancy (23.2 percent), and 51.1 percent of mothers reported waiting a year or longer to have their teeth cleaned.
- Only 47.9 percent of Alabama mothers reported putting their baby down to sleep on his/her back in 2001.
- 99.9 percent of Alabama mothers reported that they always or almost always place their infant in a car seat while traveling.

Mother's General Comments

- "Having a baby is hard... I have no body to help me, but my mom and doctor. And I thank them for that."
- "I think that all mothers... should talk to their partners about health problems. My baby father did not know that he had sickle cell trait until my baby's pku test results returned."
- "Keep a close eye on swelling because that is the first sign of toxemia."
- "I suggest that more women in this area should focus on having there babies natural. That would eliminate a whole lot of problems."
- "I find it would benefit mothers if more awareness was raised about pregnancy complications. Education is the best way to help prevent things!"
- "Take care of yourself better. There are more things you can do without but you can not do with the lose of your baby when you lose it at 5 ½ months premature."
- "If you could possibly get any information on what causes miscarriages, I would like to know... and understand it a little more."
- "I later learned that 5-10 % of women have thyroid problems after their pregnancy. If more doctors knew that the risk is higher after pregnancy than it is during, this might prevent some people from getting sick."
- "I found it very frustrating to get medicade in your state. Many women need this service and I didn't feel that the workers... were helpful at all."
- "People who never had children need to know labor pain can come in your back not just your stomach."
- "I hope they figure out what causes polyhydramnios and find a cure, so nobody else has to go through what our family suffered."
- "I would like the public to receive more information on [cleft lip/palate] since advanced treatments and surgical procedures are available."
- "My doctor put me on disability... and my insurance dropped me. I think it is wrong."
- "I had a planned homebirth and I believe that lay midwives should be licensed by the state of Alabama. Many women do not need or want to give birth in a hospital setting."
- "It took me 7 mths to save the money to pay for my babies birth. I could not qualify for medicade or other aid. I hope that... the State [can] make things easier for families without health insurance to help them get medical care for their children."

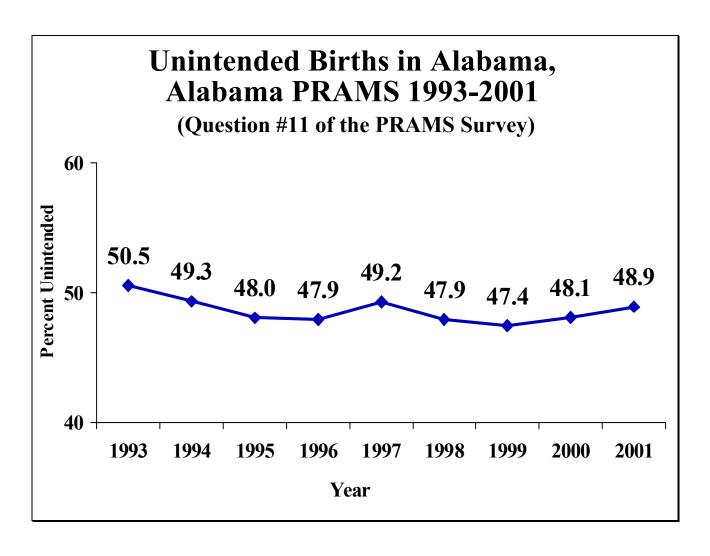
Intendedness Of Births





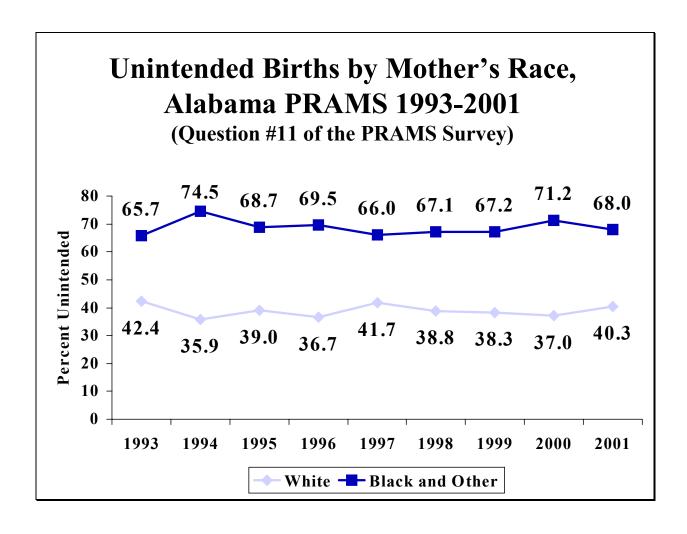
About one-third of Alabama mothers said they wanted to be pregnant *LATER*, while 12.3 percent said they *DID NOT WANT* to be pregnant at all. The responses *LATER* and *DID NOT WANT* are combined to form the category unintended. In 2001, 48.9 percent of births were unintended. On the other hand, 17.0 percent of Alabama mothers wanted to be pregnant *SOONER*, and 34.1 percent wanted to be pregnant *AT THE TIME* of conception; therefore, 51.1 percent of births were planned or intended in 2001. The Healthy People 2010 Objective is to increase the proportion of pregnancies that are intended to 70 percent. Alabama women are far from meeting this objective.

		CONFII	DENCE INTE	RVALS		
INTENTION	SOONER	THEN	LATER	DID NOT WANT	UNINTENDED	INTENDED
PERCENT	14.7-19.4	31.2-36.9	33.8-39.3	10.3-14.3	46.0-51.7	48.3-54.0



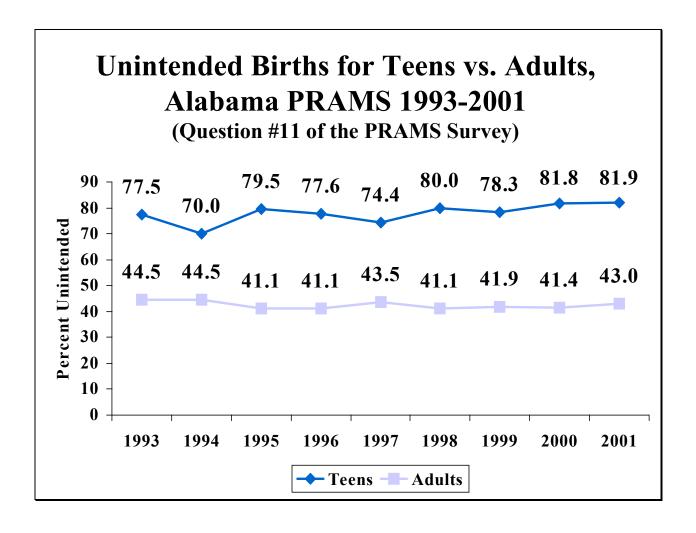
There has been a gradual decline in the percent of births that are unintended in Alabama since 1993, although it is not a statistically significant decline. In 1993, 50.5 percent of Alabama mothers reported that their birth was unintended, while in 2001, 48.9 percent of Alabama mothers reported an unintended birth. The 3.2 percent decrease in percent unintended from 1993 to 2001 was not statistically significant.

	CONFIDENCE INTERVALS											
YEAR	YEAR 1993 1994 1995 1996 1997 1998 1999 2000 2001											
PERCENT UNINTENDED	47.8-53.3	46.4-52.2	45.0-51.0	45.1-50.8	46.2-52.2	44.9-50.9	44.3-50.5	45.2-51.1	46.0-51.7			



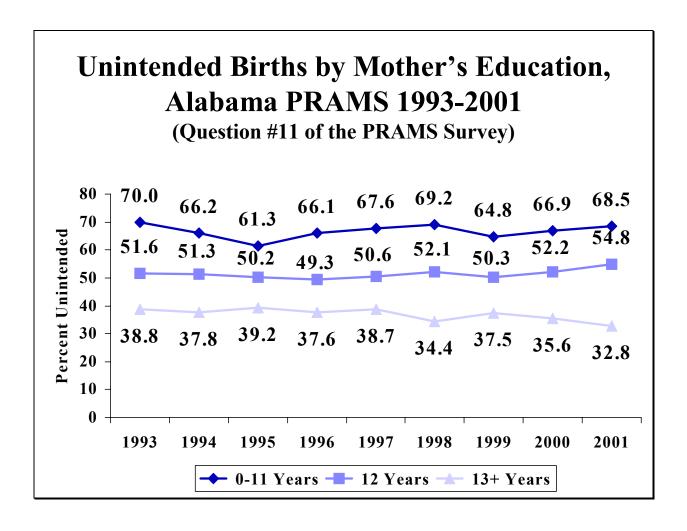
The percent of unintended births has been considerably higher among black and other race women, than among white women since 1993. While it appears that the racial disparity for unintended births increased from 1993 to 2001, neither the 3.5 percent increase in unintended births for black and other mothers, nor the 5.0 percent decrease for white mothers was statistically significant.

	CONFIDENCE INTERVALS												
YEAR/ RACE	- 1993 1994 1995 1996 1997 1998 1999 2000 200												
WHITE	38.9-45.8	32.3-39.5	35.4-42.6	33.3-40.1	38.1-45.3	35.2-42.4	34.5-42.1	33.3-40.6	36.7-43.9				
BLACK & OTHER	61.1-70.3	69.8-79.1	63.3-74.1	64.6-74.4	60.6-71.3	61.6-72.6	62.0-72.4	66.3-76.1	63.1-72.9				



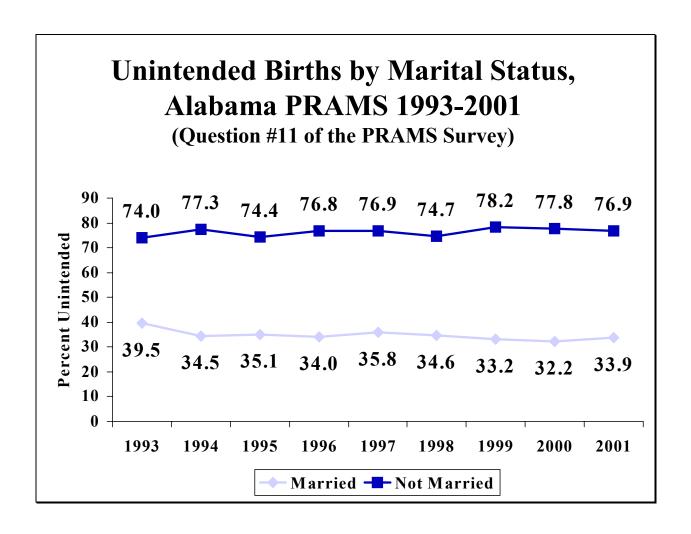
An inverse correlation exists between unintended births and maternal age. Teens are almost twice as likely to report having an unintended birth as adults. Over 80 percent of teenage mothers did not intend to give birth in 2001. One possible explanation for this trend is that older women are more capable of controlling the timing and spacing of pregnancies than are teenagers.

	CONFIDENCE INTERVALS												
YEAR/ AGE	1993	1993 1994 1995 1996 1997 1998 1999 2000							2001				
TEENS	71.8-83.1	63.3-76.7	73.7-85.3	72.0-83.1	68.2-80.6	74.2-85.8	72.1-84.6	75.8-87.7	76.0-87.8				
ADULTS	41.4-47.5	41.2-47.7	37.7-44.5	37.8-44.4	40.1-46.9	37.6-44.5	38.4-45.3	38.1-44.7	39.8-46.2				



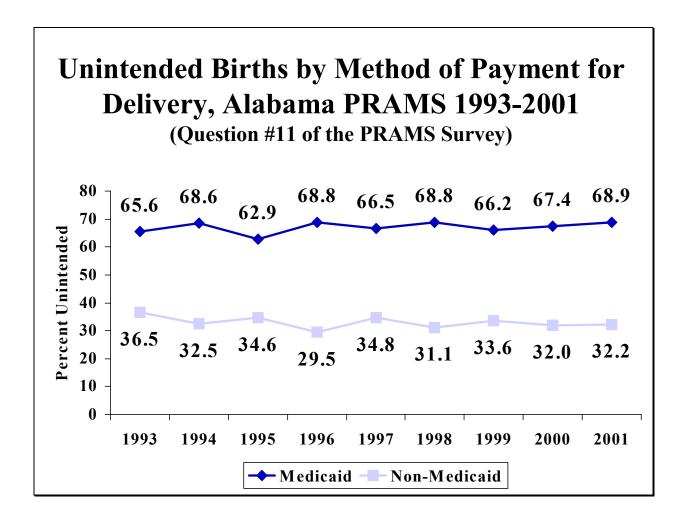
An inverse correlation also exists between unintended births and a mother's education. As the amount of formal education increases, the percent of unintended births decreases. About two-thirds of births among mothers with less than 12 years of education were unintended. Mothers who had attained more than 12 years of education accounted for the lowest percent of unintended births (32.8%), which could be due to the older age of women in this category.

	CONFIDENCE INTERVALS												
YEAR/ EDUCATION 1993 1994 1995 1996 1997 1998 1999 2000 2001													
0 – 11 YEARS	64.5-75.6	60.3-72.2	54.6-68.0	60.1-72.2	61.3-73.8	62.9-75.6	58.1-71.5	60.5-73.2	63.0-74.0				
12 YEARS	46.9-56.2	45.8-56.9	44.9-55.5	44.0-54.6	45.4-55.8	46.5-57.8	44.6-56.0	46.9-57.4	49.3-60.2				
13 + YEARS	34.4-43.1	33.3-42.4	34.6-43.7	33.1-42.0	34.1-43.4	29.9-38.8	32.9-42.1	31.0-40.2	28.4-37.2				



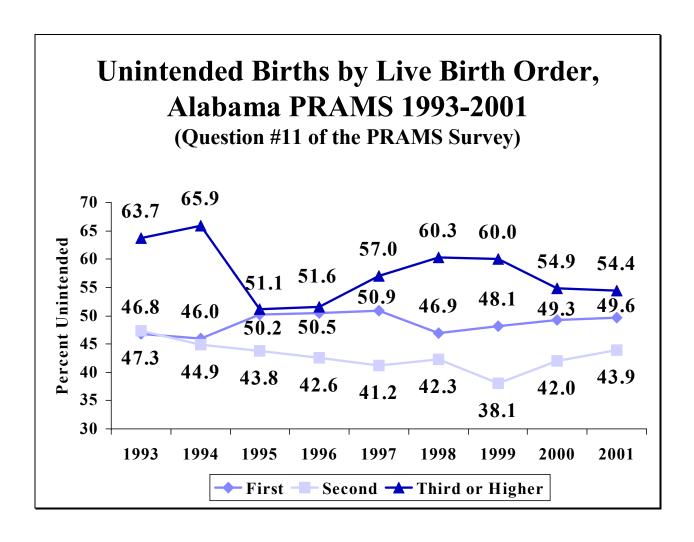
Unmarried women had a much higher percent of unintended births; over twice that of unintended births to married women. Abstinence, postponement of childbearing and improved contraceptive use would be instrumental in the reduction and elimination of unintended births, especially among unmarried women, for whom the consequences tend to be greatest. Neither the decline in unintended births for married women, nor the increase in unintended births for unmarried women was statistically significant from 1993 to 2001.

	CONFIDENCE INTERVALS													
YEAR/ MARITAL 1993 1994 1995 1996 1997 1998 1999 2000 2001 STATUS														
MARRIED	36.1-42.8	30.9-38.1	31.5-38.7	30.5-37.4	32.2-39.5	30.8-38.3	29.4-36.9	28.6-35.8	30.3-37.6					
NOT MARRIED	69.5-78.4	72.8-81.8	69.6-79.2	72.3-81.4	72.4-81.5	69.8-79.6	73.6-82.8	73.4-82.3	72.7-81.1					



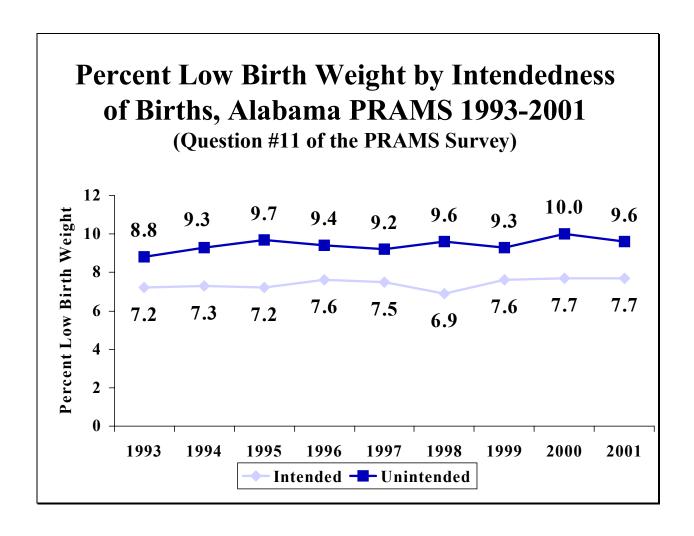
Two out of three births to women on Medicaid in Alabama were unintended, whereas about one out of three births was unintended among non-Medicaid women. Medicaid women were more than twice as likely to have an unintended birth as non-Medicaid women. This indicates that poorer women are more likely to have unplanned births. There has been no statistically significant change in the percent unintended births for Medicaid or non-Medicaid women from 1993 to 2001.

	CONFIDENCE INTERVALS												
YEAR/ PAYMENT 1993 1994 1995 1996 1997 1998 1999 2000 2001 METHOD													
MEDICAID	61.7-69.5	64.4-72.7	58.6-67.2	64.8-72.8	62.3-70.6	64.5-73.0	61.8-70.7	63.3-71.5	64.9-72.8				
NON- MEDICAID	32.6-40.4	28.4-36.7	30.3-38.9	25.4-33.5	30.5-39.0	26.9-35.3	29.3-37.9	27.8-36.3	28.1-36.3				



The percent of unintended births was lowest among mothers who had just given birth to their second child; meaning second births are most likely to be planned. In 2001, 54.4 percent of births to mothers having their third or higher birth order child were unintended, and about half of births to first-time mothers were unintended. There was no statistically significant change over time for any birth order from 1993 to 2001.

	CONFIDENCE INTERVALS												
YEAR/ BIRTH ORDER	1993	1994	1995	1996	1997	1998	1999	2000	2001				
FIRST	42.7-50.8	41.6-50.4	45.7-54.7	46.2-54.8	46.4-55.3	42.4-51.4	43.6-52.7	44.7-53.9	45.0-54.2				
SECOND	42.2-52.5	39.6-50.1	38.7-48.9	37.4-47.8	35.7-46.6	36.8-47.7	32.5-43.7	36.6-47.3	38.7-49.0				
THIRD OR HIGHER	57.8-69.7	59.2-72.6	43.7-58.6	44.7-58.6	50.3-63.7	52.9-67.7	53.2-66.9	48.4-61.4	48.4-60.5				



Of all unintended births in 2001 in Alabama, 9.6 percent were low weight births, compared to 7.7 percent of intended births being low weight births. It is widely accepted that mothers who plan their births are more likely to exhibit other beneficial health behaviors which lead to normal weight babies. The percent low birth weight has increased since 1993 for both intended and unintended births, but the increases were not statistically significant.

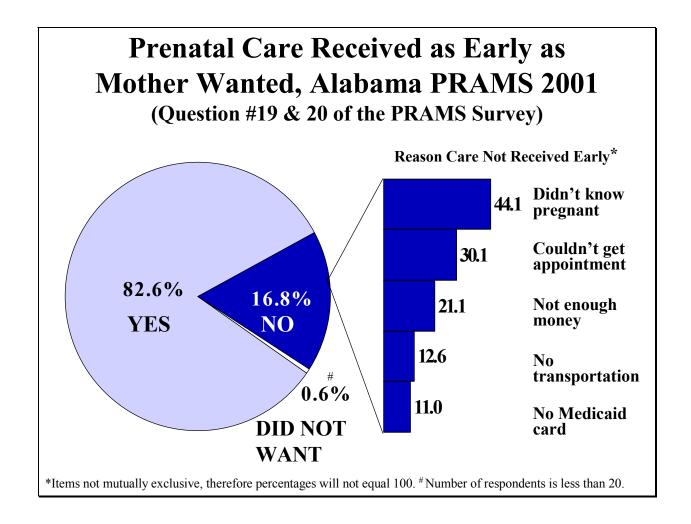
	CONFIDENCE INTERVALS												
YEAR/ INTENTION 1993 1994 1995 1996 1997 1998 1999 2000 2001													
INTENDED	6.6-7.8	6.7-7.9	6.5-7.8	6.9-8.2	6.9-8.2	6.2-7.5	6.9-8.3	7.0-8.3	7.1-8.4				
UNINTENDED	8.1-9.5	8.5-10.1	8.9-10.5	8.6-10.2	8.4-10.0	8.7-10.5	8.4-10.2	9.1-10.8	8.8-10.4				

Mother's Intendedness Comments

- "I was planning on having an abortion, but I couldn't do it."
- "I just want to tell all mothers who get pregnant and try to get rid of that baby. DON'T! You're not hurting that baby, you're only hurting yourself."
- "Unsure whether I wanted to be pregnant again."
- "I didn't want a baby at the time and he was a mistake, but he is the best mistake I've ever made and I'm thankful."
- "The father and I were only together 1 month and ½ before I got pregnant. We then married and I've never been happier."
- Reasons for not doing anything to keep from getting pregnant
 - "He wanted the baby from me. I didn't want or need another one."
 - "God is in control! Our baby came in His timing!"

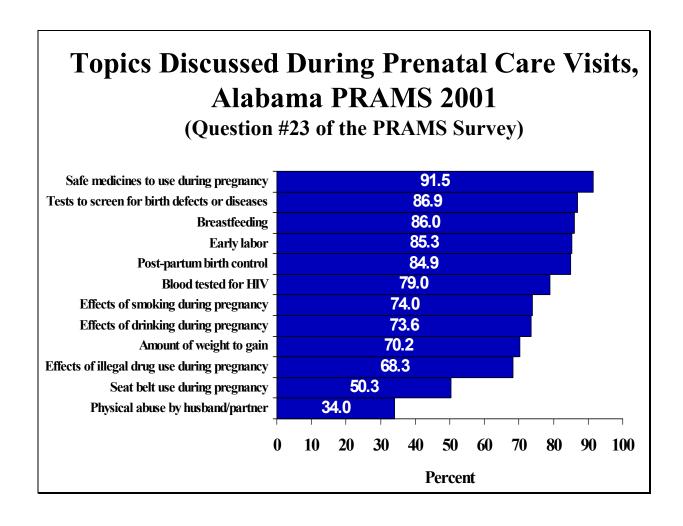
Prenatal Care





Early and adequate prenatal care is critical in detecting problems that may arise during pregnancy and treating them before they become serious or life-threatening. In 2001, 16.8 percent of mothers responded that they did not receive prenatal care as early in their pregnancy as they wanted. Barriers that hindered mothers from receiving prenatal care when desired included uncertainty of pregnancy, inability to get an appointment earlier in their pregnancies, lack of money, no transportation, and no Medicaid card. Almost half of mothers answered that they did not get care as soon as they wanted, because they did not know they were pregnant.

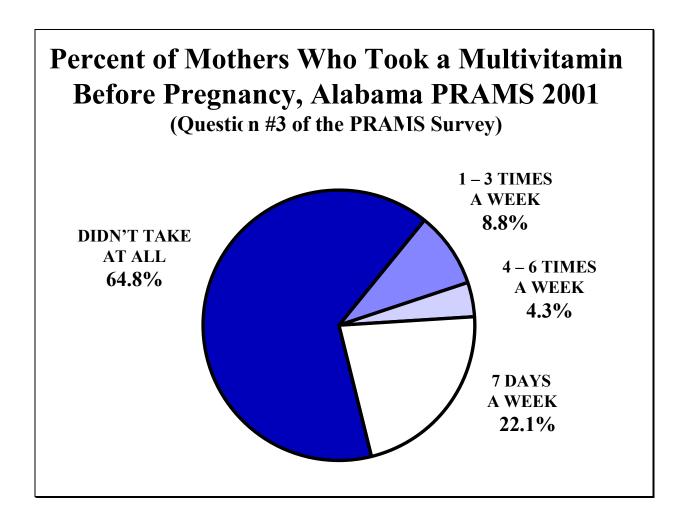
	CONFIDENCE INTERVALS											
EARLY PNC YES NO DID DIDN'T NO NO TRANSPORTIATION NO MEDICAID												
PERCENT	80.4-84.8	14.6-19.0	0.1-1.0	36.9-51.3	23.4-36.8	15.1-27.1	7.6-17.5	6.5-15.6				



Mothers were asked if a doctor, nurse or other health care worker talked with them about the above topics during any of their prenatal care visits. The majority of mothers responded that most of the listed prenatal topics were discussed. However, approximately half of mothers were not instructed about proper seat belt use during pregnancy, and approximately two-thirds of mothers were not counseled about physical abuse to women by their husbands or partners.

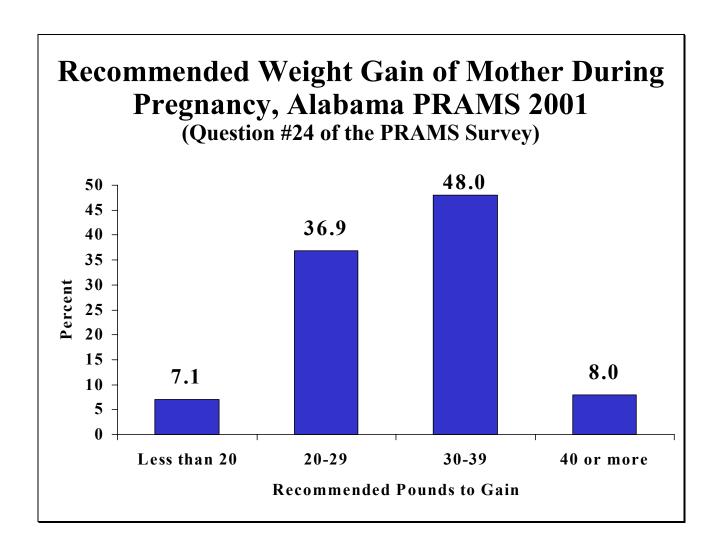
CONFIDENCE INTERVALS							
TOPIC SAFE MEDICINES SCREENING BREAST- FEEDING LABOR CONTROL HIV TO					HIV TEST		
PERCENT	89.8-93.2	84.8-89.0	83.8-88.2	83.1-87.4	82.7-87.2	76.5-81.6	

CONFIDENCE INTERVALS						
TOPIC	EFFECTS OF SMOKING	EFFECTS OF DRINKING	WEIGHT GAIN	EFFECTS OF DRUG USE	SEAT BELT USE	ABUSE BY HUSBAND
PERCENT	71.3-76.7	70.9-76.4	67.4-73.1	65.5-71.2	47.1-53.4	31.1-36.8



Mothers were asked about how many days they took multivitamins in an average week before their pregnancies. Nearly two-thirds of mothers stated they didn't take a multivitamin at all, while almost one quarter of mothers took a multivitamin daily. The recommended daily allowance of folic acid is found in multivitamins, and is especially important before pregnancy to prevent neural tube defects. Before the 2000 survey, mothers were asked about their awareness of folic acid preventing birth defects. The question was changed in 2000 to obtain information on their actual practice in taking vitamins. The Healthy People 2010 Objective is to increase the proportion of pregnancies begun with an optimum folic acid level to 80 percent.

CONFIDENCE INTERVALS						
VITAMIN USAGE	DIDN'T TAKE	1-3 TIMES A WEEK	4-6 TIMES A WEEK	7 DAYS A WEEK		
PERCENT	62.0-67.7	7.0-10.5	3.0-5.5	19.6-24.6		



Mothers were asked, "At any time during your prenatal care, did a doctor, nurse, or other healthcare worker talk with you about how much weight you should gain during your pregnancy?" In 2001, 70.2 percent (67.4-73.1) responded "Yes." This was a significant decrease from 81.0 percent (78.7-83.4) in 1996. Of the "Yes" respondents in 2001, 48.0 percent reported they were advised to gain 30-39 pounds during pregnancy. The average recommended weight gain for Alabama mothers was 27.7 pounds.

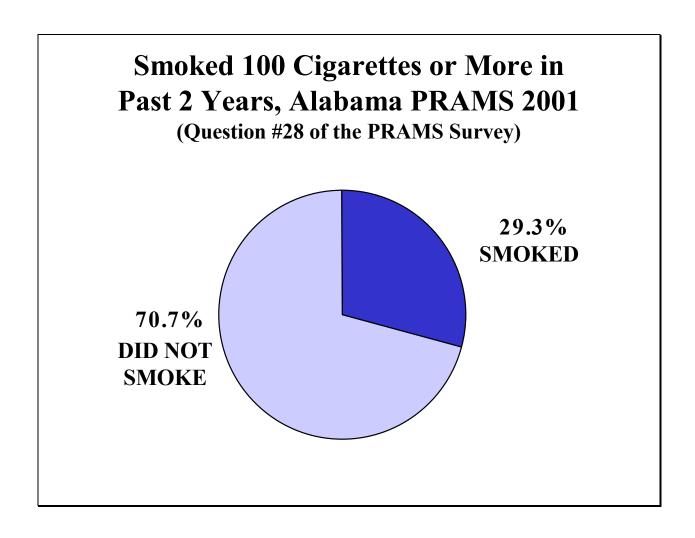
CONFIDENCE INTERVALS					
WEIGHT GAIN	< 20	20 – 29	30 – 39	40 +	
PERCENT	5.1-9.1	33.0-40.8	44.0-52.0	5.9-10.0	

Mother's Prenatal Care Comments

- "I was aware of Group B strep factor... but I know friends who aren't familiar with it. Are all M.D./prenatal visits checking for it?"
- "I think [the clinic's] case load is too high... that makes it hard to get more personalized care."
- "I was self paying and I had to have 1,250.00 before the doctor would see me [for prenatal care]. I couldn't get medicade because they said my husband & I made to much money."
- "I think that they should try to prepare 1st time parents how overwhelming it is when you get home w/ your newborn... because [we] had no idea it was going to be that demanding... and we were scared to death."
- "Some of the info was given to me in the form of magazine articles I had to read the info to make sure I knew the facts."
- "I delivered a healthy... baby girl in part to good prenatal care. To help babies get a good start mothers need to be educated and follow through with their vitamins and check-ups."
- "Due to high blood pressure which led to eclampsia I had my son at 28 wks. This is a dangerous condition that happens to many women, but often is never addressed throughout the pregnancy."
- "I would just like to stress the importance of prenatal care, how vital it is (the sooner the better)."
- "No one discussed [an emergency C-section] with me and it was very frightening. I think at some point doctors should discuss this procedure (just in case)."
- "[I] was not told about alcohol and AIDS awareness during prenatal care. They did not have time to fully educate the young girls. They need to take more time out to talk with the patients."
- "Doctors should discuss during prenatal care visits, conditions that are present through generations. My grandmother and mother both had toxemia, and my sister and I both had it."
- "There should be a greater focus on iron during pregnancy. My low iron that went undetected caused problems during and after my pregnancy."
- "I switched doctors... because my questions were not answered. I felt that my questions were a bother to the obstetrician I saw first."
- "I started taking pre-natal vitamins from my doctor. At 40, I was concerned about enough folic acid."
- "The medical community... concentrate on using screening tests and other interventions rather than taking the time to teach women how to care for themselves in pregnancy."
- "During my first pregnancy we found out that the baby had Spina-Bifida. It was then that I learned that I could have possibly prevented this by taking Folic Acid. I think there needs to be more education about the benefits of Folic Acid."

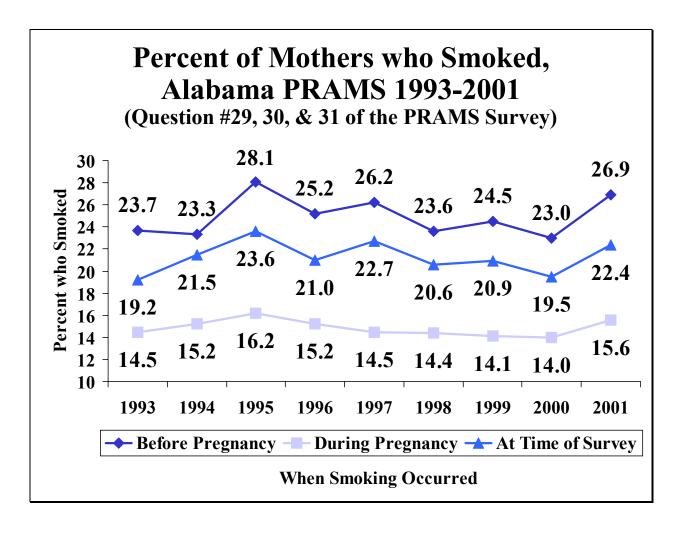
Negative Health Behaviors: Smoking and Drinking





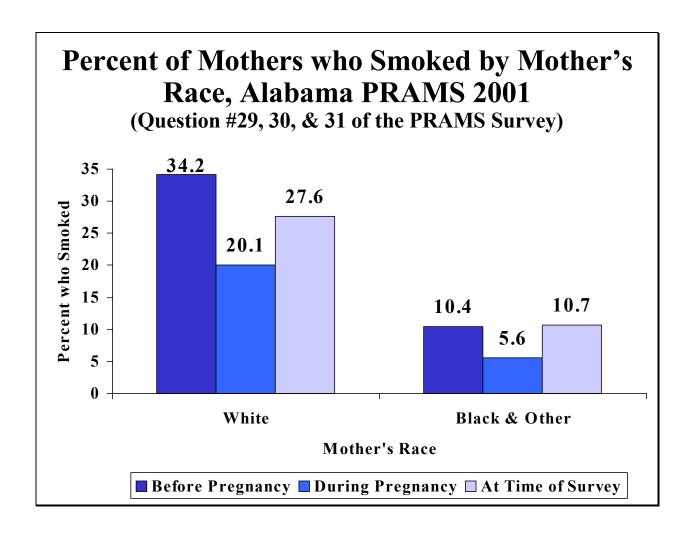
When Alabama mothers were asked if they had smoked at least 100 cigarettes in the past two years, 29.3 percent responded, "Yes." Smoking during and after pregnancy can have serious health effects on both the mother and the baby. Babies whose mothers smoke are more likely to be born prematurely and at lower birth weights than are infants of non-smokers. In addition, infants of smokers are more likely to suffer greater respiratory problems and are more likely to die during infancy than babies of non-smokers.

CONFIDENCE INTERVALS					
SMOKING STATUS DID NOT SMOKE SMOKED					
PERCENT	67.9-73.4	26.6-32.1			



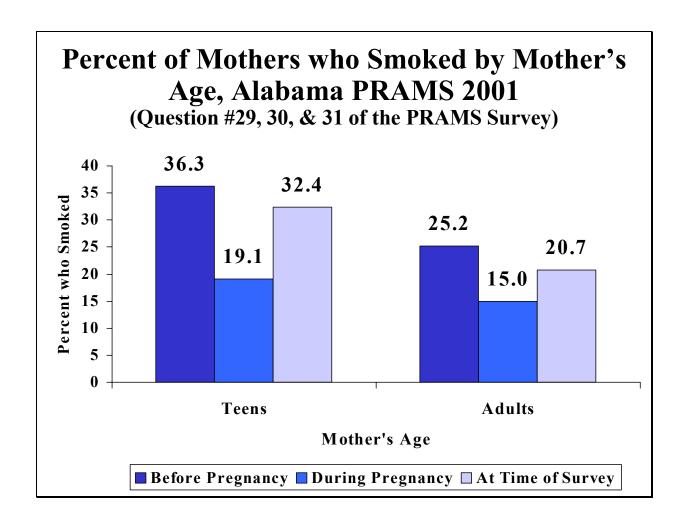
Approximately one mother in four stated she smoked in the three months before becoming pregnant. Many of the mothers who quit smoking while they were pregnant resumed smoking after their babies were born, but rates of smoking remained lower than before pregnancy. According to the survey, 15.6 percent of Alabama's pregnant women smoked in 2001. The Healthy People 2010 Objective is to increase abstinence from cigarettes among pregnant women to 99 percent. Alabama women are far from meeting this objective. There has been no statistically significant change over time in the percent of mothers smoking before pregnancy, during pregnancy, or after pregnancy.

	CONFIDENCE INTERVALS								
YEAR/ SMOKED	1993	1994	1995	1996	1997	1998	1999	2000	2001
BEFORE PREGNANCY	21.4-26.1	20.8-25.8	25.4-30.8	22.7-27.8	23.5-28.8	21.0-26.2	21.9-27.2	20.3-25.6	24.2-29.6
DURING PREGNANCY	12.6-16.4	13.0-17.3	14.0-18.4	13.1-17.3	12.4-16.5	12.3-16.5	12.0-16.2	11.9-16.1	13.4-17.8
AT TIME OF SURVEY	17.0-21.3	19.1-23.9	21.1-26.2	18.6-23.4	20.2-25.1	18.2-23.0	18.4-23.4	17.1-22.0	19.9-24.9



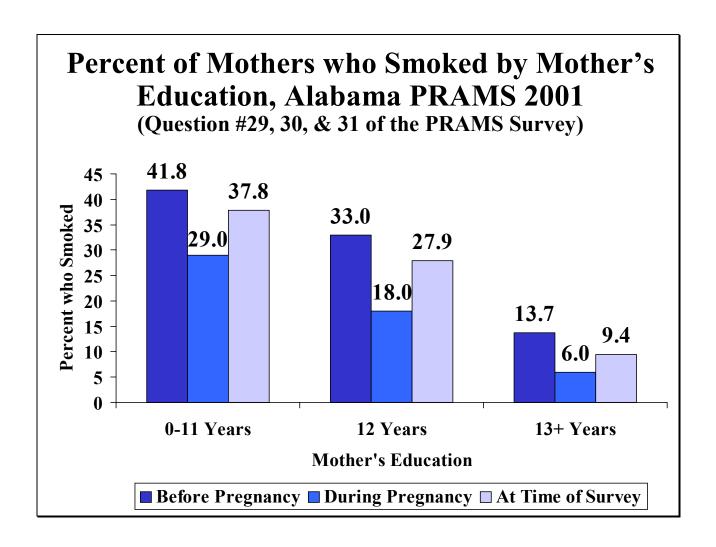
The percent of white mothers who smoked before pregnancy, during pregnancy, and after pregnancy was about three times higher than that of black and other race mothers. Both white and black and other race smokers showed the same trend—smoking decreased during pregnancy, but increased again by the time of the survey.

CONFIDENCE INTERVALS					
SMOKED/ RACE			AT TIME OF SURVEY		
WHITE	30.8-37.7	17.2-23.0	24.5-30.8		
BLACK & OTHER	7.2-13.6	3.2-8.0	7.4-13.9		



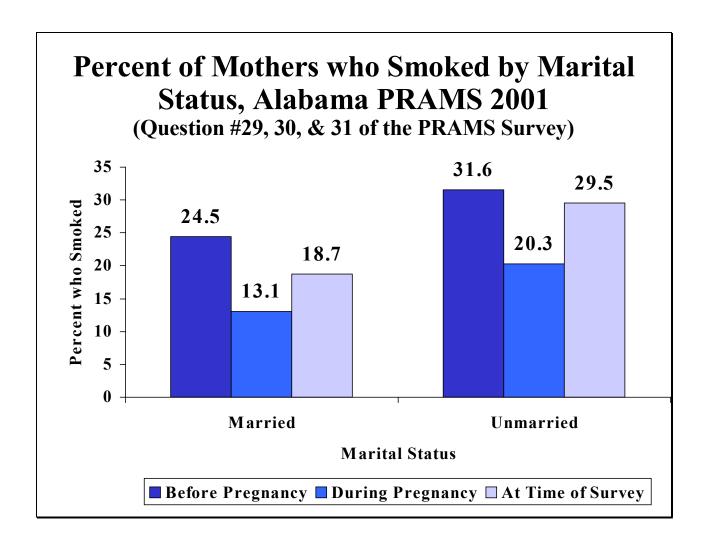
For both teens and adults, smoking declined significantly during pregnancy, but increased after delivery to almost the same percent as before pregnancy. There was a statistically significant increase in the percent of teenagers smoking before pregnancy; from 20.9 percent (14.6-27.1) in 2000 to 36.3 percent (28.8-43.7) in 2001. Teenagers were significantly more likely to smoke before and after pregnancy than adults in 2001.

CONFIDENCE INTERVALS					
SMOKED/ AGE			AT TIME OF SURVEY		
TEENS	28.8-43.7	13.0-25.2	25.1-39.6		
ADULT	22.3-28.1	12.6-17.3	18.0-23.3		



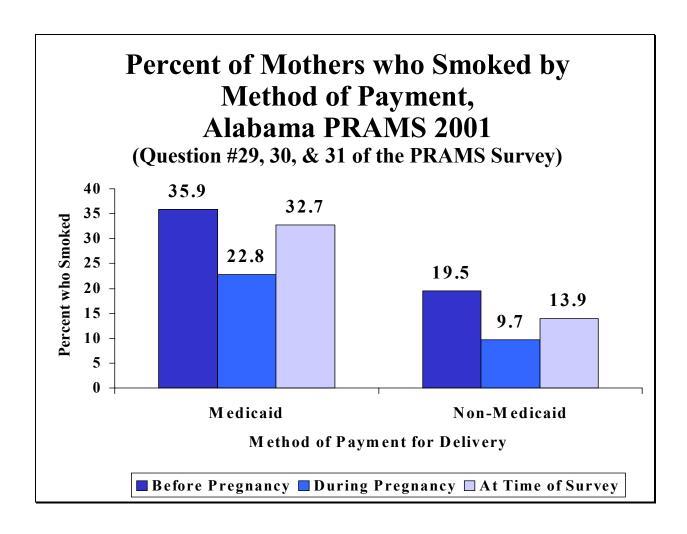
There is an inverse correlation between mother's education and smoking before pregnancy, during pregnancy, and after pregnancy. As the mother's education increases, the percent of mothers smoking decreases. Smoking is lowest for mothers with more than a high school education, but 6.0 percent of those smoked during pregnancy.

CONFIDENCE INTERVALS						
SMOKED/ EDUCATION	BEFORE PREGNANCY	DURING PREGNANCY	AT TIME OF SURVEY			
0-11 YEARS	35.9-47.7	23.7-34.4	32.1-43.6			
12 YEARS	27.6-38.3	13.7-22.4	22.9-32.9			
13+ YEARS	10.5-17.0	3.8-8.2	6.7-12.1			



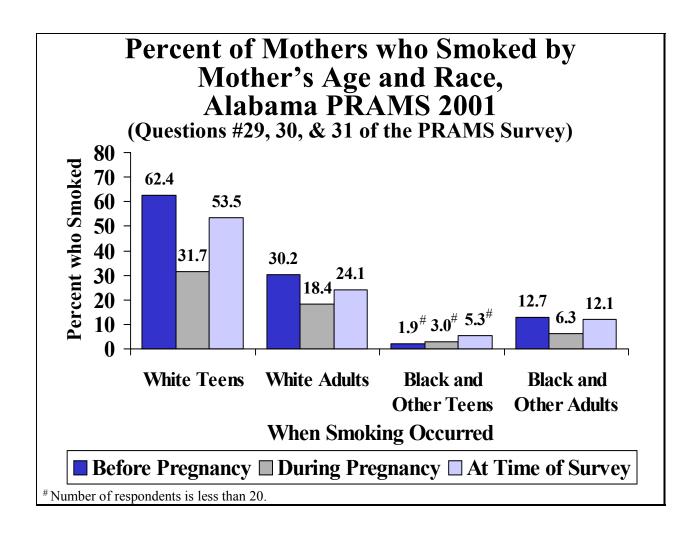
For both marital statuses, there was a statistically significant decrease from smoking before pregnancy to smoking during pregnancy. Also for married and unmarried women, there was a statistically significant increase from smoking during pregnancy to smoking after pregnancy. Unmarried women smoked significantly more during pregnancy, as well as after pregnancy, than married women.

CONFIDENCE INTERVALS						
SMOKED/ MARITAL STATUS BEFORE DURING PREGNANCY A		AT TIME OF SURVEY				
MARRIED	21.1-27.8	10.5-15.7	15.7-21.6			
UNMARRIED	26.8-36.4	16.2-24.4	24.9-34.2			



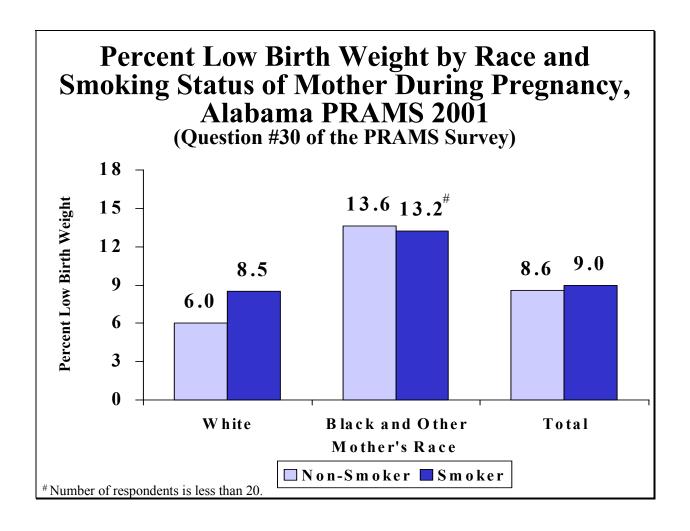
Cigarette smoking was significantly higher among mothers on Medicaid before, during and after pregnancy than non-Medicaid mothers. Smoking significantly decreased 36.5 percent during pregnancy among mothers whose deliveries were covered by Medicaid and significantly decreased 50.3 percent among mothers whose deliveries were not covered by Medicaid.

CONFIDENCE INTERVALS						
SMOKED/ PAYMENT METHOD	BEFORE PREGNANCY	DURING PREGNANCY	AT TIME OF SURVEY			
MEDICAID	31.7-40.1	19.2-26.5	28.6-36.7			
NON- MEDICAID	16.0-23.1	7.0-12.3	10.8-17.0			



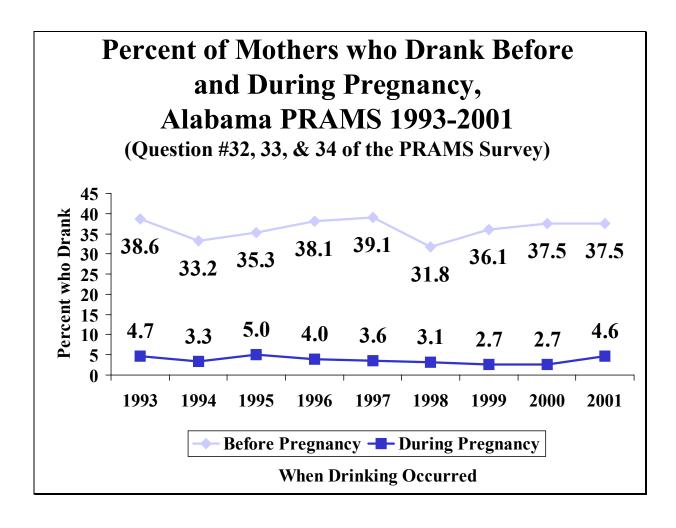
In 2001, white teens smoked significantly more than white adults before, during, and after pregnancy. White adults also smoked significantly more than black and other adults before, during, and after pregnancy. Very few black and other race teens smoked before, during, or after pregnancy.

CONFIDENCE INTERVALS						
PERIOD OF SMOKING	BEFORE PREGNANCY	DURING PREGNANCY	AT TIME OF SURVEY			
WHITE TEENS	52.3-72.4	22.0-41.4	43.1-63.9			
WHITE ADULTS	26.6-33.9	15.4-21.5	20.8-27.4			
BLACK & OTHER TEENS	0.0-4.9	0.0-7.1	0.3-10.2			
BLACK & OTHER ADULTS	8.7-16.6	3.5-9.2	8.2-16.0			



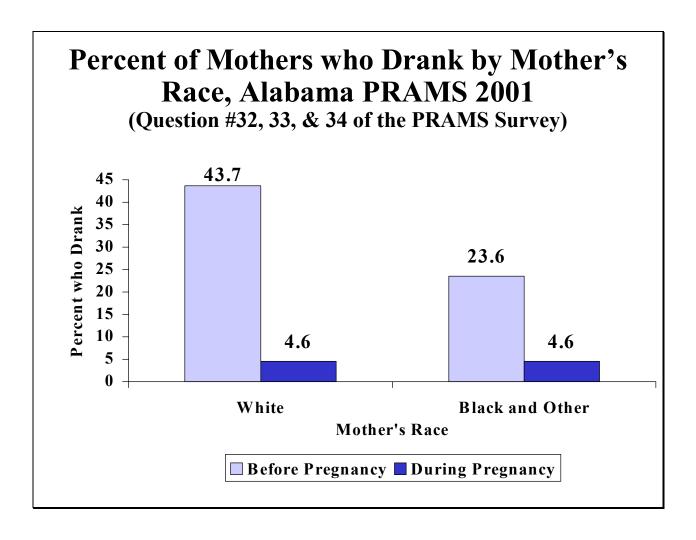
Low weight births were more evident among black and other race mothers regardless of smoking status during pregnancy. In fact, low weight births to black and other *non*-smokers were 60.0 percent higher than low weight births to white women who *did* smoke. The percent of low weight births to white women who smoked was significantly higher than the percent of low weight births to non-smoking white women.

SMOKING STATUS/RACE	NON-SMOKER	SMOKER		
WHITE	5.5-6.6	6.7-10.3		
BLACK & OTHER	12.1-15.1	5.6-20.8		
TOTAL	8.3-9.0	7.3-10.8		



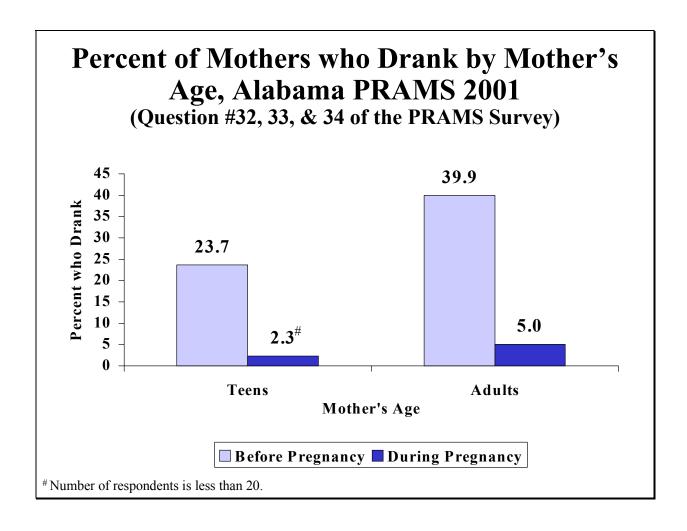
In the survey, mothers were asked how many alcoholic drinks they drank in an average week in the three months before becoming pregnant and in the last three months of pregnancy. More than one-third of Alabama mothers responded that they drank alcoholic beverages before pregnancy in 2001. Mothers significantly reduced their alcohol intake during pregnancy in 2001 to 4.6 percent, a possible outcome of health care providers counseling mothers on the ill effects of drinking while pregnant. The Healthy People 2010 Objective is to increase abstinence from alcohol among pregnant women to 94 percent, so Alabama women have met this objective. There has been no statistically significant change in drinking during pregnancy since 1993.

CONFIDENCE INTERVALS											
YEAR/ DRANK	1993	1994	1995	1996	1997	1998	1999	2000	2001		
BEFORE PREGNANCY	35.9-41.4	30.3-36.1	32.4-38.2	35.2-41.0	36.1-42.1	28.9-34.8	33.1-39.2	34.4-40.5	34.5-40.5		
DURING PREGNANCY	3.5-5.9	2.3-4.3	3.6-6.3	2.9-5.2	2.4-4.7	2.0-4.1	1.7-3.7	1.6-3.7	3.3-5.9		



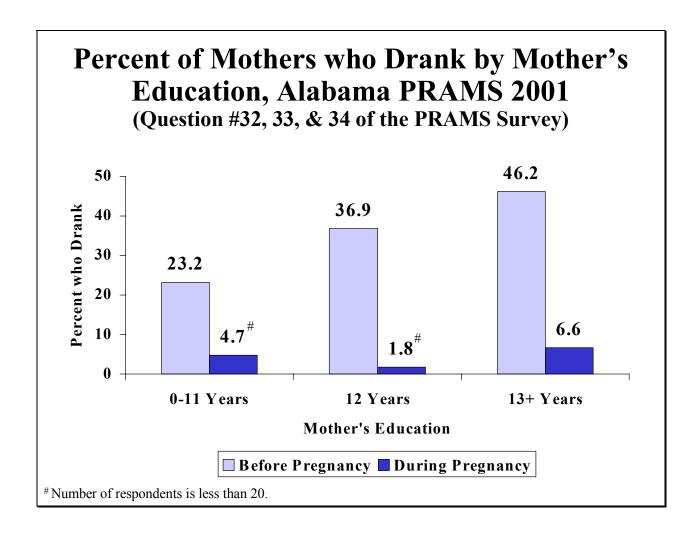
White mothers were significantly more likely to drink than black and other race mothers before pregnancy. Drinking declined significantly among both white and black and other race mothers during pregnancy. There was no statistically significant difference in the percent drinking during pregnancy by mother's race.

CONFIDENCE INTERVALS								
DRANK/ RACE	BEFORE PREGNANCY	DURING PREGNANCY						
WHITE	39.9-47.5	3.0-6.2						
BLACK & OTHER	19.1-28.1	2.4-6.8						



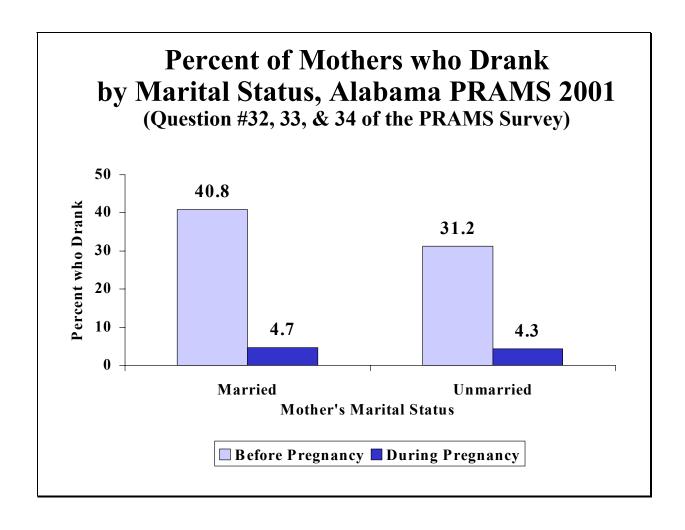
As expected, older mothers were significantly more likely to drink than teen mothers before pregnancy. However, about 24 percent of mothers under the age of 20 reported consuming alcohol before pregnancy, despite being underage. Drinking decreased significantly by approximately 90 percent for both age groups during pregnancy.

	CONFIDENCE INTERVALS							
DRANK/ AGE	BEFORE PREGNANCY	DURING PREGNANCY						
TEENS	17.0-30.4	0.1-4.5						
ADULTS	36.5-43.2	3.5-6.5						



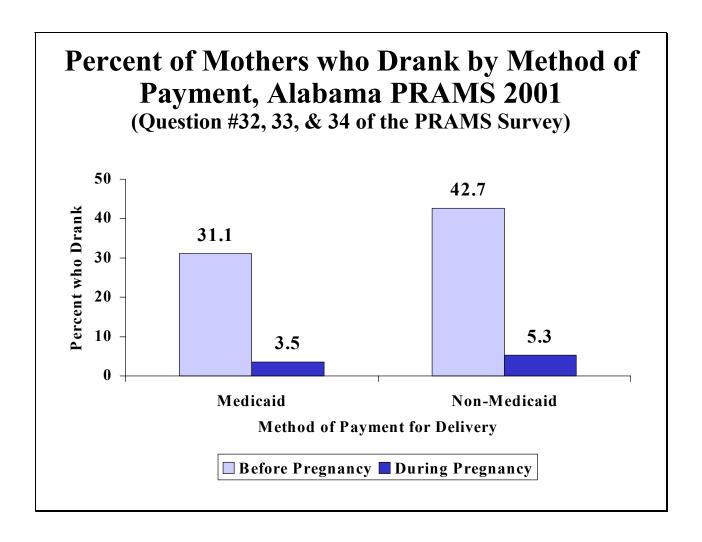
Mothers with higher levels of education were more likely to drink before pregnancy. Drinking before pregnancy was highest among mothers with one or more years of college, and lowest among mothers with less than 12 years of education. Less drinking among women with lower education levels may be attributable in part to age. Mothers with one or more years of college were significantly more likely to drink during pregnancy than mothers with a high school education.

CONFIDENCE INTERVALS								
DRANK/ EDUCATION	BEFORE PREGNANCY	DURING PREGNANCY						
0 – 11 YEARS	18.2-28.2	2.2-7.3						
12 YEARS	31.5-42.4	0.4-3.2						
13 + YEARS	41.4-51.1	4.2-9.0						



Both married and unmarried mothers drank significantly less during pregnancy, with both experiencing approximately a 90 percent decrease in drinking. Married mothers were significantly more likely to drink before pregnancy than unmarried mothers. There was no statistically significant difference in the percent drinking during pregnancy by mother's marital status.

CONFIDENCE INTERVALS								
DRANK/ MARITAL STATUS	BEFORE PREGNANCY	DURING PREGNANCY						
MARRIED	36.9-44.7	3.0-6.4						
UNMARRIED	26.5-35.9	2.3-6.4						



Mothers whose deliveries were not covered by Medicaid were significantly more likely to drink before pregnancy, than mothers whose deliveries were covered by Medicaid. Alcohol consumption decreased approximately 90 percent during pregnancy for mothers regardless of the method of payment for delivery. There was no statistically significant difference in the percent drinking during pregnancy by mother's method of payment for delivery.

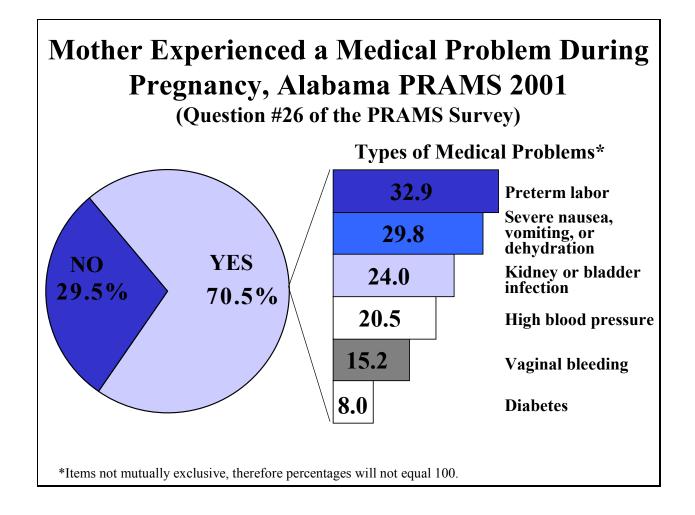
CONFIDENCE INTERVALS								
DRANK/ PAYMENT METHOD	BEFORE PREGNANCY	DURING PREGNANCY						
MEDICAID	27.1-35.2	1.9-5.0						
NON-MEDICAID	38.4-47.1	3.3-7.3						

Mother's Negative Health Behaviors Comments

- "I want to fist ask you to encourage pregnant women not to smoke. I smoked through my pregnancy, and I felt really guilty when I found out my son had R.S.V. I no longer smoke, and if I would have listened, I would have quit when I found out."
- "Pregnant women should... stop smoking, drinking, eat right, exercise and understand the better you take care of yourself while pregnant the better off health wise you'll be when you get older."
- "Be careful Don't Smoke or Do Drugs while your pregnant."
- "I knew a few drug addicted pregnant women... But I believe they should really give out more info, to these women and let them know how it affects the babies."
- "My husband quit smoking and drinking so we would have a healthy baby, and also he wanted to be around as our baby grows up."
- "I did smoke during my pregnancy. My baby boy was born very healthy although I do regret smoking."
- "I have always stopped smoking or having an occasional beer when I thought I may be pregnant. I would never do anything to possibly harm my children in anyway."
- "After my son was born he quit breathing a few times... One doctor told me that new research had come out saying that smoking while pregnant cause a part of the brain that tells the baby to breath not develop right. I think mothers to be need to know this. If I had I would have quit. But all they told me was about premature birth and low birth weight."
- "Before I knew I was pregnant I was smoking a lot of weed, about 4-8 blunts a day, plus smoking ciggerrets. I also did a little bit of cocain before I even knew..."
- "As you can tell I am very young. I smoked a little heavier with my first child. I believe smoking has nothing to do with the health of your child. My last pregnancy was very dangerous. I delivered 8 weeks early and my son had only low birth weight."
- "Although my sister-in-law and I were pregnant at the same time her baby is 5 weeks older than mine. She did not take care of herself and she smoked bad. Her baby stays sick..."

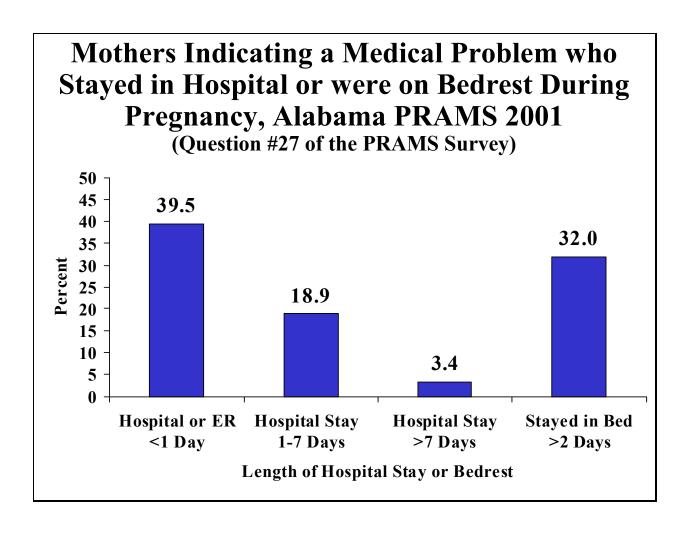
Health Care System Issues





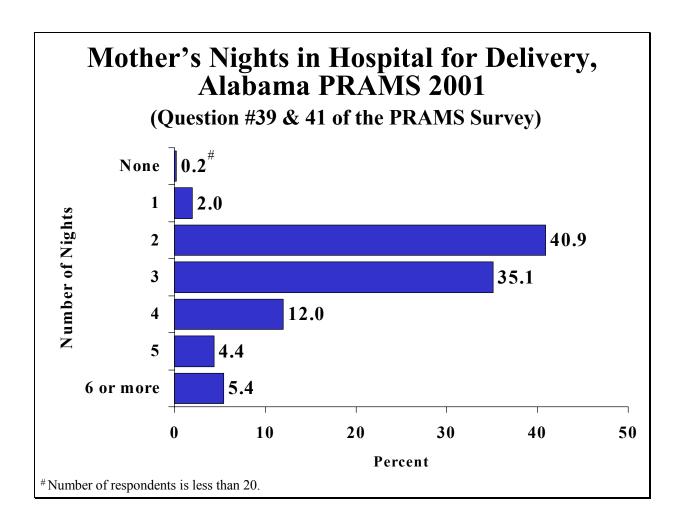
About 70 percent of Alabama mothers reported having a medical problem during pregnancy. Of those mothers with a medical problem, almost a third reported preterm labor. About 30 percent reported severe nausea, vomiting, or dehydration. Almost a quarter reported kidney or bladder infection, and 20.5 percent reported high blood pressure during pregnancy. About 15 percent experienced vaginal bleeding, and 8.0 percent reported having diabetes during pregnancy.

	CONFIDENCE INTERVALS									
PROBLEMS	MS NO YES PRETERM V			VOMITING, OR DIADDED		VAGINAL BLEEDING	DIABETES			
PERCENT	26.6-32.3	67.7-73.4	30.1-35.7	27.0-32.6	21.5-26.6	18.1-22.9	13.1-17.3	6.3-9.6		



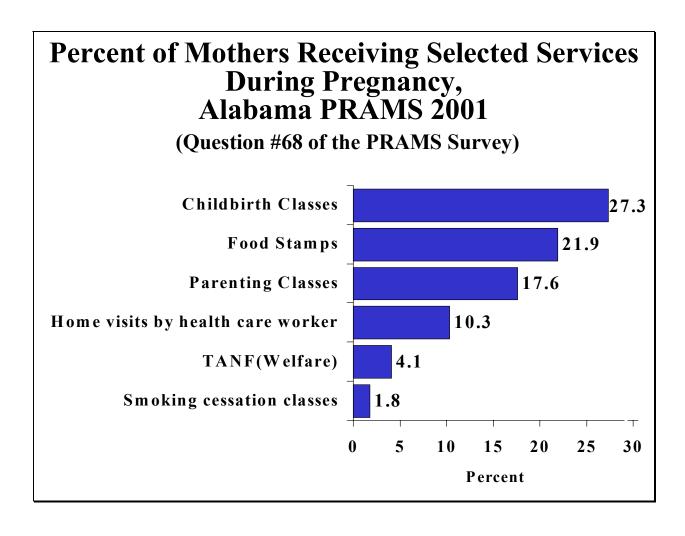
Mothers who answered yes to experiencing at least one medical problem during their pregnancy, were asked if they stayed in the hospital or were on bedrest because of the medical problem. Of those who reported at least one problem, over a third of mothers visited a hospital and stayed less than a day, 18.9 percent stayed from one to seven days, 3.4 percent stayed longer than seven days, and 32.0 percent stayed in bed for more than 2 days at a doctor or nurse's advice.

CONFIDENCE INTERVALS									
LENGTH OF STAY HOSPITAL OR OR BEDREST ER <1 DAY		HOSPITAL STAY 1-7 DAYS	HOSPITAL STAY >7 DAYS	STAYED IN BED >2 DAYS					
PERCENT	36.0-43.0	16.3-21.6	2.4-4.4	28.6-35.4					



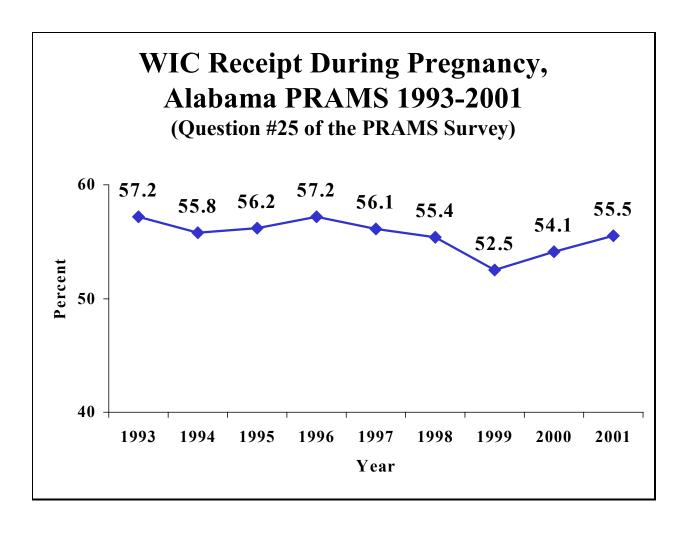
Over 40 percent of mothers stayed two nights in the hospital following delivery of their babies, and approximately one mother out of three stayed three nights. More than 5 percent of mothers stayed in the hospital six or more nights. Early discharge after delivery has been a health concern in recent years. There has been a marked decrease in the percent of mothers who stayed only one night in the hospital following delivery. One-night discharges had a statistically significant decrease from 15.7 percent (13.5-17.9) in 1996, to 2.0 percent (1.1-2.8) in 2001.

CONFIDENCE INTERVALS									
NUMBER OF NIGHTS	NONE	1	2	3	4	5	6 OR MORE		
PERCENT	0.0-0.4	1.1-2.8	37.9-44.0	32.1-38.1	10.0-13.9	3.2-5.6	4.3-6.6		



Just over one-quarter of Alabama mothers reported receiving childbirth classes in 2001. One mother in five received food stamps, and 17.6 percent received parenting classes. About 10 percent had home visits by a health care worker. Only 4.1 percent of Alabama mothers reported receiving Temporary Assistance for Needy Families (TANF) in 2001. About two percent received smoking cessation classes.

CONFIDENCE INTERVALS									
SELECTED CHILDBIRTH FOOD SERVICES CLASSES STAMPS			PARENTING CLASSES		TANF (WELFARE)	SMOKING CESSATION CLASSES			
PERCENT	24.5-30.0	19.6-24.2	15.2-19.9	8.6-12.1	2.9-5.2	1.0-2.6			



More than half (55.5%) of Alabama mothers said they received the Supplemental Food Program for Women, Infants, and Children (WIC) benefits during pregnancy in 2001. There was a statistically significant decrease in the percent of women who received WIC from 1993 to 1999, but there was no significant increase from 1999 to 2001.

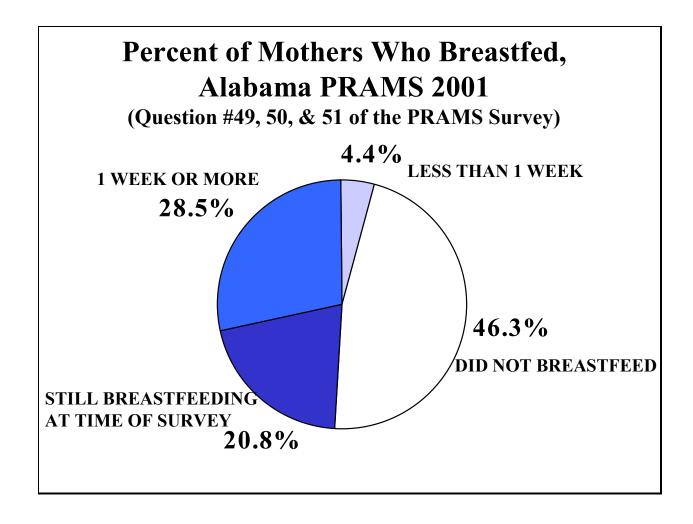
CONFIDENCE INTERVALS									
YEAR/ WIC RECEIPT	1993	1994	1995	1996	1997	1998	1999	2000	2001
PERCENT	55.3-59.1	53.7-57.9	54.1-58.2	55.0-59.4	53.8-58.3	53.1-57.7	50.0-54.9	51.7-56.5	53.1-57.8

Mother's Health Care System Comments

- "My husband and I had private insurance... but it did not cover maternity care/prenatal care. I find it completely appalling that the insurance industry... is able to discriminate against women by making maternity benefits an... 'unaffordable' optional benefit. The same is true of the way they treat birth control it's often not covered."
- "I had to cancel the insurance to get [Medicaid] coverage for pregnancy."
- "If not for ALLKIDS insurance now, my children might go without much needed medical care. Sometimes people are struggling to pay bills and can't afford health insurance for themselves or their children but make too much money to qualify for aid."
- "There needs to be services that will assist parents that have multiple births. There are a growing number of parents like myself who have twins and could use some assistance."
- "I would like to thank the health providers for all the programs that you have for mothers and babies, because these programs has helped me and my family a whole lot."
- "With my first son I had health insurance and was treated very good. With my second one I had no insurance... and I had a very hard time."
- "Please take my advice when the doctor says <u>complete</u> bedrest, he means <u>complete</u>. They didn't explain throroughly enough to me on how important it was. After my baby was 6 wks premature I blamed myself."
- "I think when a mother is tired after having a baby, and especially twins, it is important to stay at least 5 days at the hospital and not 3 days!!!"
- "I have found from many bad situations that people who are on medicaid are treated poorly and discriminated against. For some people medicaid is the only choice. It is not the children's fault."
- "They need classes on training young mothers on how to take care of their infant babies."
- "Doctors visits were usually very hurried and the many questions that arose each month between visits were often a source of anxiety. I'd like to see some user friendly educational material directed towards these issues that would be easily obtained by women of all socioeconomic levels."
- "I think that there should be more services to help mothers who have premature babies and cannot or chooses not to return to work early or at 6 weeks."
- "I feel that more moms should be aware of childbirth and parenting classes that are available. My doctor told me about them, but I have several friends who never knew they were available."
- "Grief counseling has been VERY beneficial and should be made available to all who experience the loss of a child."
- "Both my children are healthy and well thanks to the help of Medicaid and WIC."

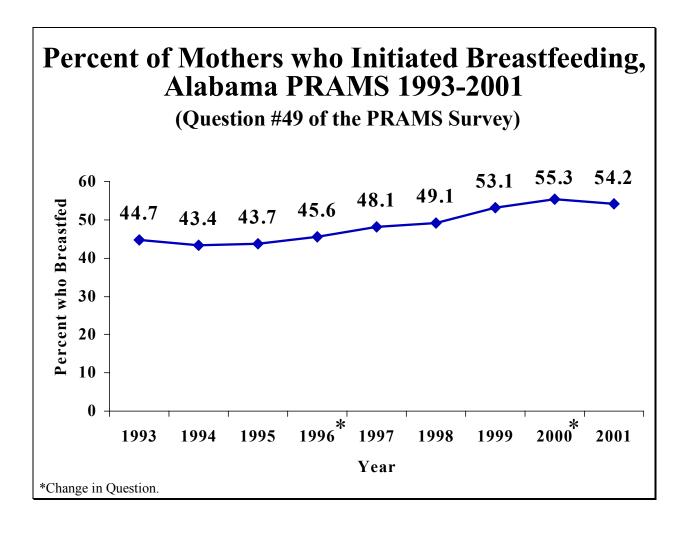
Breastfeeding





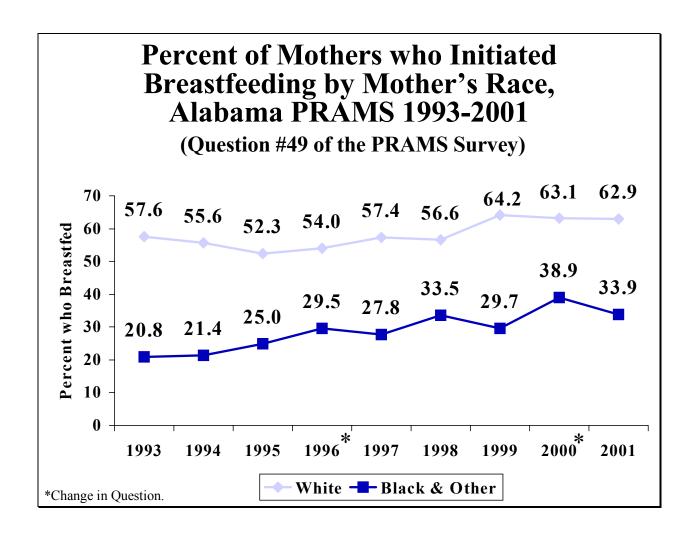
Numerous benefits are associated with breastfeeding, not only for the infant, but for the mother as well. The Healthy People 2010 Objective is to increase the proportion of mothers who breastfeed in the early postpartum period to at least 75 percent. In 2001, only 53.7 percent of Alabama mothers attempted to breastfeed their babies, and 49.3 percent breastfed for more than 1 week. Many mothers (46.3%) did not breastfeed their newborns at all. Only one mother in five was still breastfeeding at the time of the survey.

CONFIDENCE INTERVALS								
TIME DID NOT BREASTFEED		LESS THAN 1 WEEK	1 WEEK OR MORE	STILL BREASTFEEDING				
PERCENT	43.2-49.4	3.1-5.7	25.7-31.4	18.2-23.3				



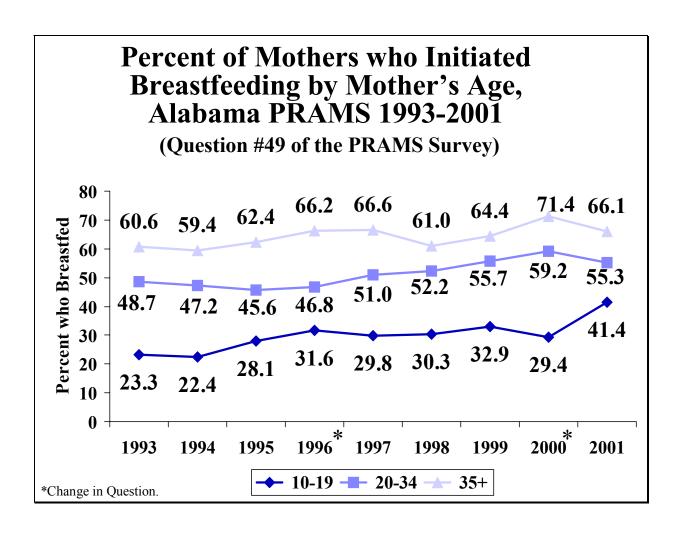
The percent of Alabama mothers breastfeeding has been increasing since 1993. The question about breastfeeding changed in 1996 and in 2000, but the numbers are comparable. When the question was consistent from 1996 to 1999, the increase in percent breastfeeding was statistically significant.

CONFIDENCE INTERVALS									
YEAR	1993	1994	1995	1996	1997	1998	1999	2000	2001
PERCENT BREASTFED	42.1-47.3	40.6-46.2	40.8-46.6	42.7-48.5	45.1-51.0	46.0-52.2	50.0-56.1	52.3-58.3	51.2-57.3



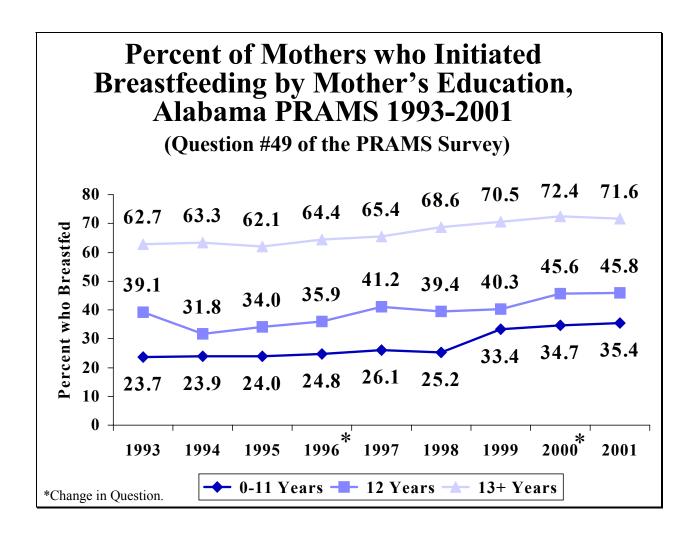
White mothers continue to show a significantly higher prevalence of breastfeeding when compared to black and other race mothers. However, from 1993 to 2001, the percent of white mothers initiating breastfeeding increased just 9.2 percent; while the percent of black and other race mothers initiating breastfeeding significantly increased 63.0 percent.

	CONFIDENCE INTERVALS											
YEAR/ RACE	1993	1994	1995	1996	1997	1998	1999	2000	2001			
WHITE	54.3-60.9	52.0-59.2	48.7-55.9	50.3-57.6	53.8-61.1	52.8-60.3	60.6-67.9	59.4-66.8	59.2-66.6			
BLACK & OTHER	16.9-24.6	17.1-25.6	20.3-29.7	24.5-34.4	22.8-32.9	27.9-39.0	24.6-34.8	33.3-44.4	28.7-39.1			



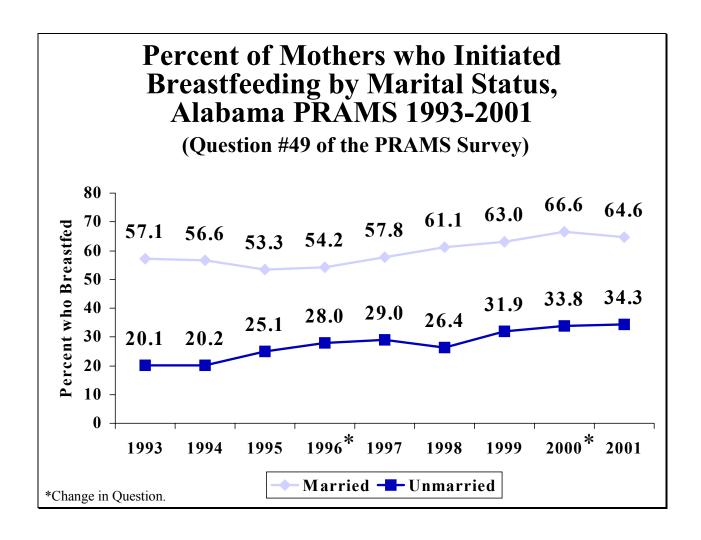
As age increased among Alabama mothers, so did the prevalence of breastfeeding initiation. The highest percent of mothers who breastfed was among women 35 and older, which was 60.0 percent higher than the percent of teenage mothers who breastfed. Over half of mothers 20-34 years of age attempted to breastfeed their babies.

	CONFIDENCE INTERVALS										
YEAR/ AGE	1993	1994	1995	1996	1997	1998	1999	2000	2001		
10 – 19	17.8-28.7	16.6-28.2	21.8-34.4	25.2-38.0	23.6-36.0	23.6-37.0	25.8-40.1	22.2-36.7	33.7-49.2		
20 - 34	45.6-51.8	43.8-50.6	42.2-49.1	43.3-50.2	47.5-54.6	48.6-55.8	52.1-59.3	55.8-62.7	51.7-58.8		
35 +	50.5-70.6	49.5-69.3	51.5-73.2	56.6-75.7	55.6-77.5	49.3-72.6	54.8-73.9	60.0-82.8	56.3-76.0		



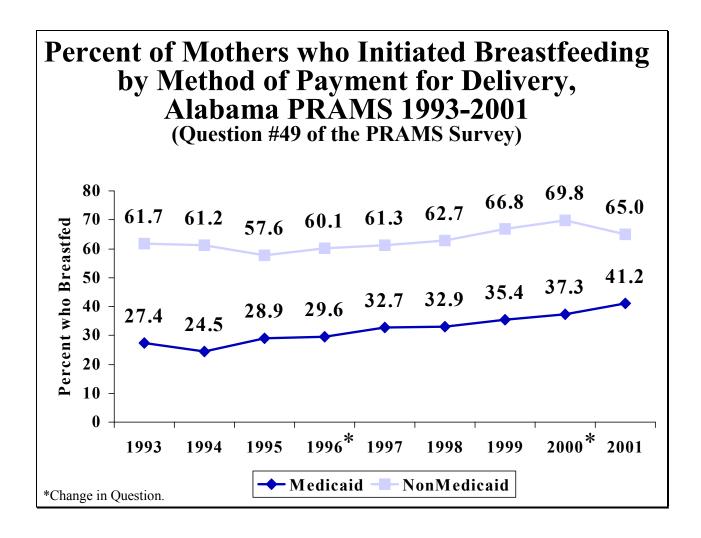
While mothers of all educational levels have experienced increased prevalence for breastfeeding initiation since 1993, breastfeeding prevalence remains higher for mothers with higher educational attainment. In 2001, over 71 percent of mothers who completed one of more years of college initiated breastfeeding, compared to just over 35 percent of mothers who did not complete high school.

	CONFIDENCE INTERVALS											
YEAR/ EDUCATION	1993	1994	1995	1996	1997	1998	1999	2000	2001			
0-11 YEARS	18.8-28.7	18.7-29.0	18.3-29.6	19.4-30.2	20.4-31.8	19.5-31.0	26.8-39.9	28.0-41.4	29.6-41.2			
12 YEARS	34.7-43.5	26.8-36.7	29.1-38.8	30.9-41.0	36.1-46.2	33.9-44.8	34.8-45.7	40.2-50.9	40.2-51.5			
13+ YEARS	58.4-67.0	58.9-67.7	57.6-66.5	60.0-68.9	60.9-70.0	64.2-73.0	66.2-74.8	68.0-76.8	67.2-76.0			



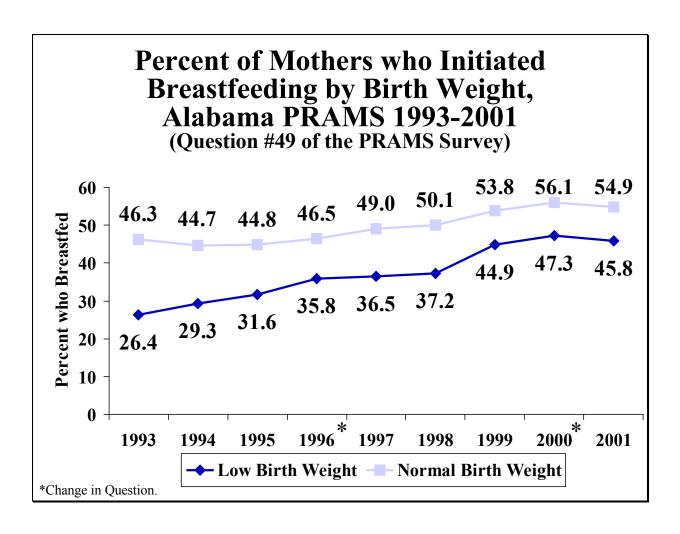
Married mothers continue to be about twice as likely to breastfeed their babies as their unmarried counterparts. This may be partly attributable to other factors, since married mothers were more likely to be older and have attended college than unmarried mothers.

	CONFIDENCE INTERVALS											
YEAR/ MARITAL STATUS	MARITAL 1993 1994 1995 1996 1997 1998 1999 2000 2001											
MARRIED	53.8-60.4	52.9-60.2	49.6-56.9	50.5-57.9	54.0-61.6	57.2-64.9	59.3-66.7	63.0-70.3	60.8-68.3			
UNMARRIED	16.2-23.9	16.1-24.3	20.5-29.6	23.2-32.8	24.3-33.8	21.7-31.1	26.8-37.1	28.5-39.0	29.4-39.2			



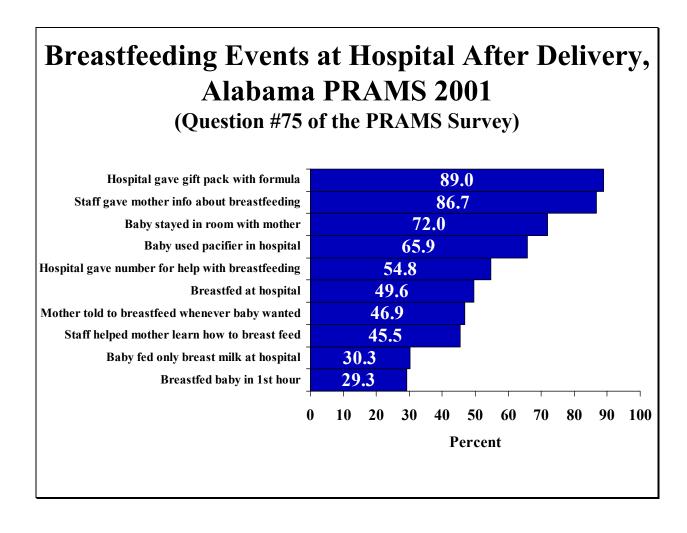
In 2001, 65.0 percent of mothers whose deliveries were not paid for by Medicaid breastfed their babies. The percent of non-Medicaid mothers who breastfed in 2001 was 57.8 percent higher than the percent of Medicaid mothers who breastfed their babies.

	CONFIDENCE INTERVALS										
YEAR/ PAYMENT 1993 1994 1995 1996 1997 1998 1999 2000 2001 METHOD											
MEDICAID	23.9-30.9	20.9-28.2	25.1-32.7	25.6-33.5	28.6-36.8	28.7-37.1	31.1-39.7	33.0-41.7	36.9-45.5		
NON- MEDICAID	57.8-65.5	57.0-65.4	53.3-61.9	55.8-64.3	57.0-65.5	58.4-67.1	62.5-71.0	65.6-74.0	60.7-69.3		



Among babies born in 2001 at a normal birth weight, over 54 percent were breastfed. Among babies born at a low birth weight, almost half were breastfed. This is related to hospital practice, since low weight babies are often separated from their mothers and put in neonatal intensive care nurseries, which may discourage breastfeeding. The percent of low birth weight babies being breastfed has increased 73.5 percent since 1993, while the percent of normal birth weight babies being breastfed has only increased 18.6 percent.

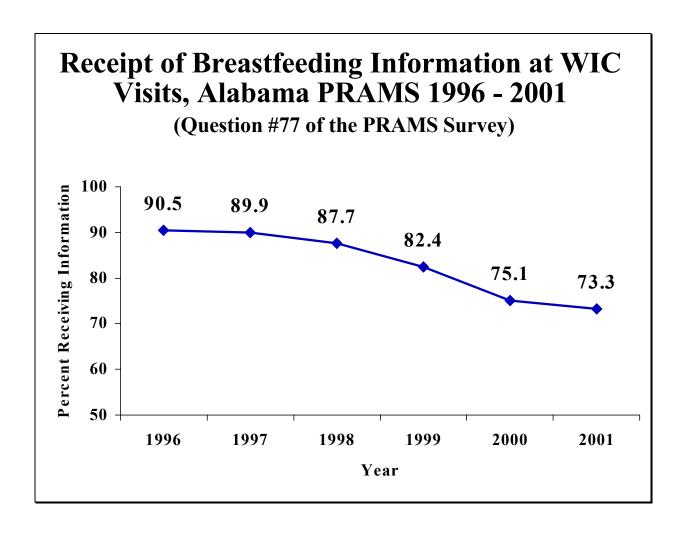
	CONFIDENCE INTERVALS											
YEAR/ BIRTH WEIGHT	1993	1994	1995	1996	1997	1998	1999	2000	2001			
LOW WEIGHT	23.7-29.0	26.7-31.9	29.0-34.3	33.0-38.6	33.6-39.5	33.7-40.7	41.3-48.6	43.7-50.8	42.4-49.1			
NORMAL WEIGHT	43.5-49.1	41.6-47.7	41.6-47.9	43.3-49.6	45.8-52.2	46.8-53.4	50.5-57.1	52.8-59.4	51.6-58.3			



The Healthy People 2010 objective is for at least 75 percent of mothers to breastfeed their infants in the six weeks after birth. Almost 90 percent of mothers received formula from the hospital, even though 49.6 percent of mothers breastfed their infants at the hospital. About 45.5 percent of mothers reported that hospital staff helped them learn how to breastfeed, while 30.3 percent fed their baby only breast milk at the hospital.

	CONFIDENCE INTERVALS									
EVENIS		BREASTFEEDING INFO	BABY IN ROOM	PACIFIER	BREASTFEEDING NUMBER					
PERCENT	87.1-91.0	84.6-88.9	69.3-74.8	62.9-68.8	51.7-57.8					

	CONFIDENCE INTERVALS									
EVENTS BREASTFED BREASTFED HELPED ONLY BREAST BREASTFED WHEN BABY MOTHER MILK AT IN FIRST HOSPITAL WANTED BREASTFEED HOSPITAL HOUR										
PERCENT	46.6-52.6	43.9-50.0	42.4-48.6	27.4-33.2	26.4-32.2					



The percent of Alabama mothers receiving breastfeeding information at WIC visits has been steadily decreasing since 1996. A goal of WIC is to relate the importance of breastfeeding through education and increase its prevalence among new mothers. The decrease in women reporting receiving breastfeeding information at WIC visits was statistically significant between 1996 and 2001.

CONFIDENCE INTERVALS								
YEAR	YEAR 1996 1997 1998 1999 2000 2001							
PERCENT INFORMATION 88.3-92.7 87.6-92.2 85.2-90.3 79.3-85.6 71.6-78.7 69.9-76.8								

Mother's Breastfeeding Comments

- "The only problem I had was not enough good help with breastfeeding. My hospital had no lactation nurse.
- "Breastfeeding is great for babies." Mothers should breastfeed their babies."
- "My baby was given formula milk and I was informed about it after the fact. I had clearly stated (at the hospital) that I would be breastfeeding."
- "I believe that I would have breastfed the baby, but I had a breast reduction surgery... I didn't realize the closeness that could come from breastfeeding."
- "I asked the hospital several times to help me w/ breastfeeding, nobody ever helped me so I decided to pump which ended up drying the milk up. I had to put her on formula."
- "Totally breastfed, baby doing great! Weighs over 12 lbs in just 3 months. BREASTFEEDING IS GREAT!!"
- "I still breastfeed and at 2 months he weights 13 lb and 15 oz and I weight 127 lbs. I haven't excerised any, so breastfeeding helped a lot..."
- "As a nurse, I've been shocked at the lack of support/education regarding breastfeeding. It is easy to understand that mothers who lack education regarding the benefits of breastmilk would elect to bottle feed."
- "More information and encouragement should be given for breastfeeding at pediatricians offices."
- "I feel that more mothers would breastfeed if they were properly educated on it. Also, it is so tempting to use formula when it is offered in the hospital. I had to request my baby not be given formula. My 3 year old was breastfed for 13 mos and was sick for the first time at 15 mos. I know he was protected a lot by his prolonged nursing."
- "More private rooms after having your baby, so you can breastfeed."
- "We had to be very assertive to get help w/ breastfeeding [at the hospital]."
- "I chose to bottle feed my baby formula because it is easier for a working mother."
- "Breastfeeding was not successful with my baby, but I was told nursing is a problem for babies with congenital heart problems."
- "It will be very hard to lose weight if your not breast feeding."

Contraception

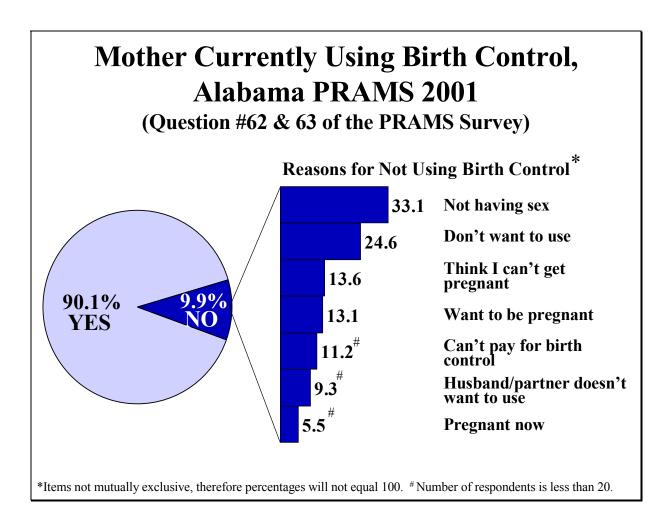


Mother Not Planning Pregnancy Using Birth Control at Conception, Alabama PRAMS 2001 (Question #12, 13, & 14 of the PRAMS Survey) **Reasons for Not Using Birth Control** 35.6 I didn't mind Thought I could not get 25.7 pregnant 41.9% 58.1% Husband/Partner did not 21.7 want to use anything **YES** NO Had side effects from 13.5 birth control Thought husband/ 9.0 partner or I was sterile **Problems getting birth** control

In 2001, over half of Alabama mothers who did not plan to become pregnant, reported they were not using birth control when they became pregnant. The Healthy People 2010 Objective is to increase the proportion of females at risk of unintended pregnancy who use contraception to 100 percent. The most prevalent reason for not using birth control was that the mother did not mind if she became pregnant (35.6%). A quarter of mothers thought they could not get pregnant. One in five mothers were not using birth control because their husband/partner did not want them to use anything. Four percent had trouble obtaining birth control.

*Items not mutually exclusive, therefore percentages will not equal 100.

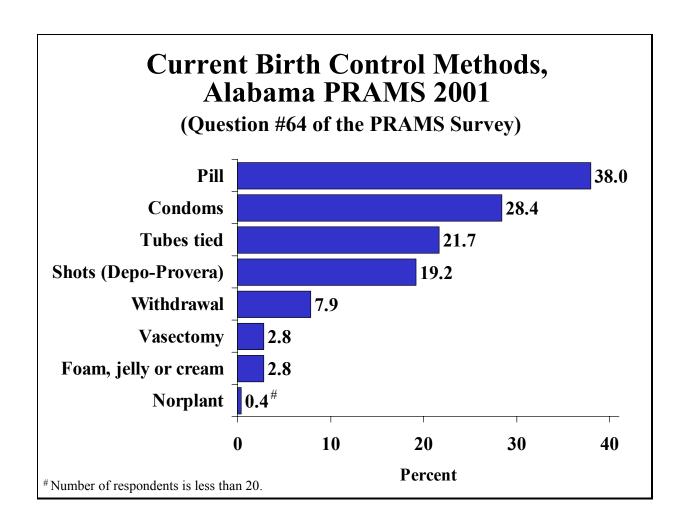
	CONFIDENCE INTERVALS										
BIRTH CONTROL	YES	NO	DIDN'T MIND	THOUGHT COULDN'T GET PREGNANT	PARTNER DID NOT WANT	SIDE EFFECTS	THOUGHT STERILE	PROBLEMS GETTING BIRTH CONTROL			
PERCENT	37.9-45.9	54.1-62.1	30.7-40.5	21.3-30.1	17.6-25.9	9.9-17.0	6.0-12.0	2.4-6.5			



The correct usage of contraception is invaluable in preventing unintended pregnancies. About 90 percent of Alabama mothers in 2001 stated they were currently using some form of contraception. Of those who were not using birth control at the time of the survey, 33.1 percent of them said it was because they were not having sex, 24.6 percent of them did not want to use birth control, about 13 percent thought they couldn't get pregnant or wanted to be pregnant, and 5.5 percent of them were pregnant again a few months after birth.

CONFIDENCE INTERVALS									
BIRTH CONTROL YES NO NOT HAVING SEX WANT TO USE PREC									
PERCENT	88.2-91.9	8.1-11.8	24.1-42.1	16.2-33.0	7.0-20.2				

CONFIDENCE INTERVALS									
BIRTH CONTROL WANT TO BE PREGNANT CAN'T PAY PARTNER DOESN'T WANT NOW									
PERCENT	6.7-19.4	5.0-17.4	3.8-14.8	1.2-9.8					



The most common birth control methods used by new mothers were the pill (38.0%) and condoms (28.4%). Many mothers, especially those 35 years of age and older, relied on sterilization (tubes tied) as their chosen method of birth control. About 19 percent of new mothers relied on Depo-Provera, while 7.9 percent relied on a natural method (withdrawal) for contraception.

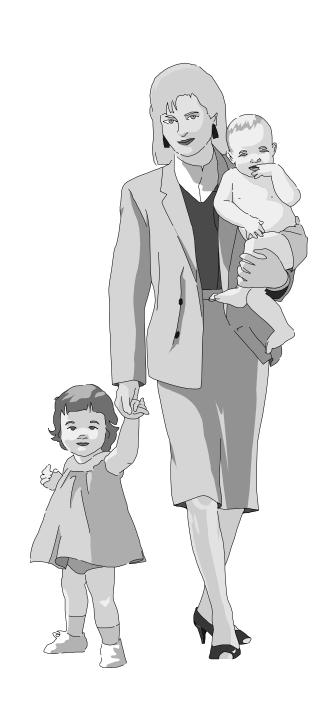
CONFIDENCE INTERVALS							
BIRTH CONTROL METHODS PILL		CONDOMS	TUBES TIED	SHOTS			
PERCENT	34.9-41.2	25.5-31.3	19.1-24.4	16.9-21.6			

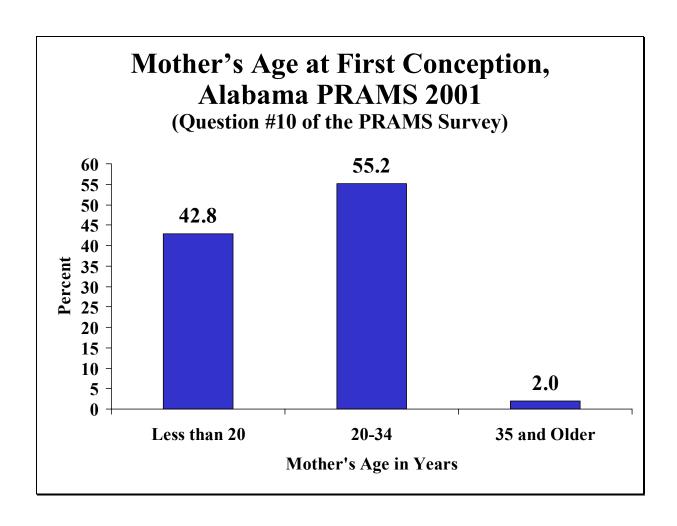
BIRTH CONTROL METHODS	WITHDRAWAL	VASECTOMY	FOAM, JELLY, CREAM	NORPLANT
PERCENT	6.2-9.7	1.7-3.9	1.7-3.8	0.0-0.8

Mother's Contraceptive Comments

- "My husband and I make too much money to qualify for WIC & my health ins. does not pay for birth control pills... babies are expensive & some financial help would be nice."
- "Please encourage health department nurses to stress the importance of using birth control for 2 weeks after getting the depo- shot. My nurses told but I didn't listen... I got pregnant and was 4 ½ months before I found out I was pregnant. I could have taken better care of myself and my baby!"
- "I do think that birth control should be covered by insurance or given more freely. The Pill is not cheap!"
- "I have tried a lot of Birth Control and have been allergic to all of them. Therefore I have to take my chances...This allergy includes pill condoms shots and spermicide."
- "I got pregnant because my doctor gave me medicine that ruled out my birth control pills."
- "To help teens from getting pregnant ask the mother's or father's to fill something out about putting there child on some kind of birth control... Maybe if my mom had [done] that I wouldn't have a baby now."
- Reasons for not using birth control:
 - "I thought 'nah, surely just a few times w/out protection won't hurt.'?"
 - "I just didn't think it could ever happen to me."
 - "I figured if God wanted me to have a baby he would give me one."
 - "I wasn't thinking."
 - "[I] had been having unprotected sex and didn't get pregnant."
 - "was young and not thinking about it"
 - "Well tell the truth, I just thought it wouldn't happen to me."
 - "I miss use my birth control pills."
 - "We can't get pregnant w/out IVF."

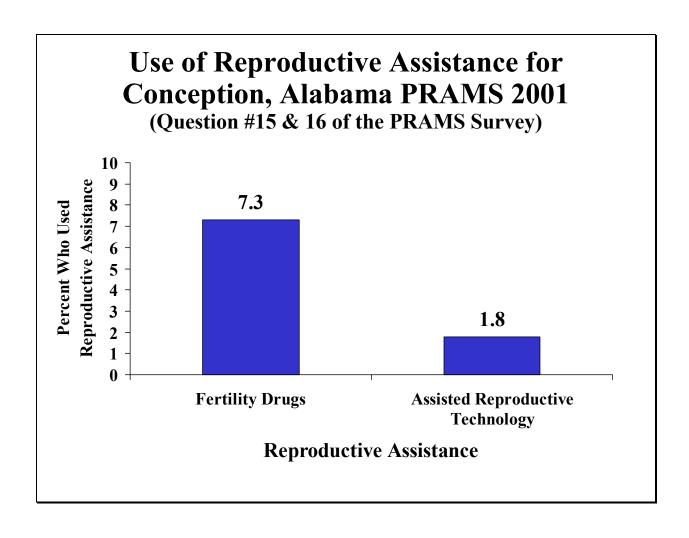
Miscellaneous





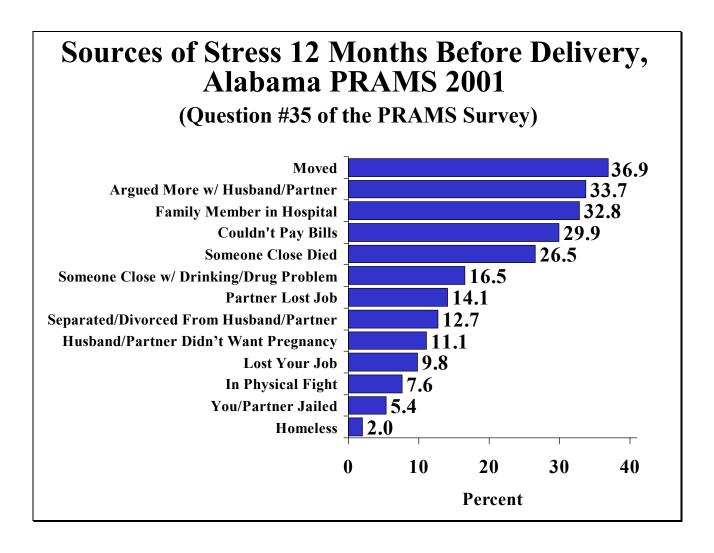
Nearly 43 percent of mothers conceived their first child as teenagers, yet very few mothers initially conceived in their latter reproductive years. More than half of Alabama mothers were between the ages of 20 and 34 when they conceived their first child.

CONFIDENCE INTERVALS					
AGE	10 – 19	20 – 34	35 +		
PERCENT	40.1-45.5	52.4-57.9	1.2-2.9		



About 7 percent of Alabama women who gave birth in 2001, reported using fertility drugs to help them become pregnant. Fertility drugs include Clomid, Serophene, Pergonal, or any other drugs taken to help the mother become pregnant. About 2 percent of women who gave birth in 2001, reported using assisted reproductive technology. Assisted reproductive technology (ART) procedures include in vitro fertilization (IVF), gamete intrafallopian transfer (GIFT), zygote intrafallopian transfer (ZIFT), embryo transfer, and donor oocytes.

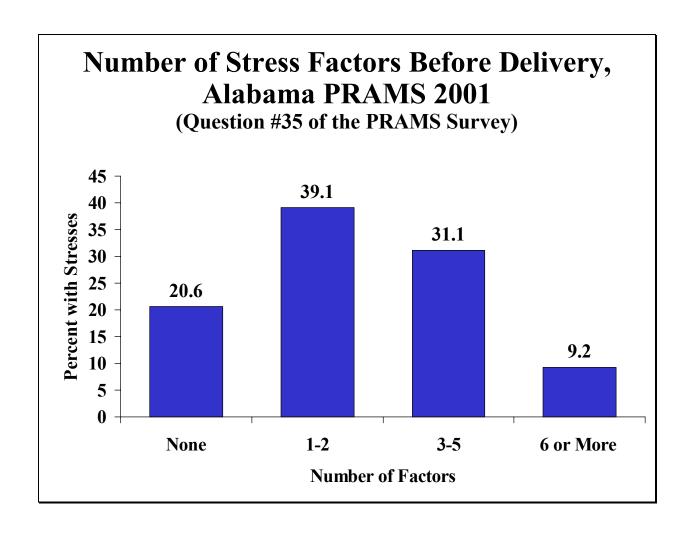
CONFIDENCE INTERVALS					
REPRODUCTIVE ASSISTANCE	FERTILITY DRUGS	ART			
PERCENT	5.4-9.1	0.8-2.7			



Stressful events experienced during pregnancy could have negative effects on the health of the expectant mother as well as her unborn child. Alabama mothers reported various sources of stress during the 12 months before delivery of their new babies. Almost 40 percent relocated, and about a third argued with their partners more than usual or experienced the illness of a family member. Many mothers also experienced a financial hardship or the death of a loved one.

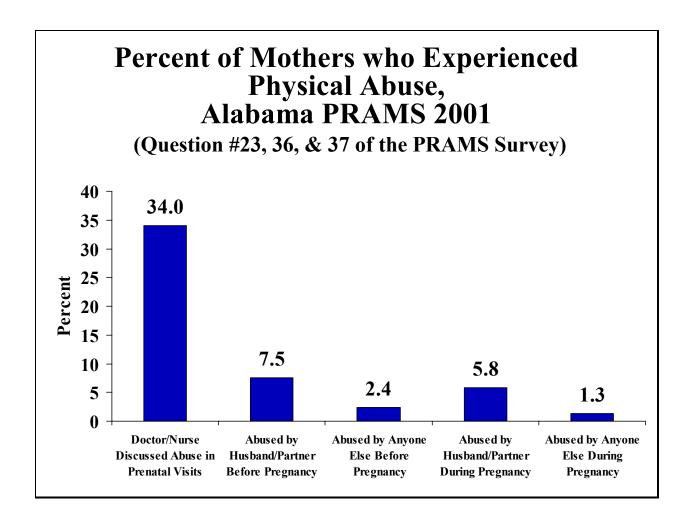
CONFIDENCE INTERVALS							
SOURCES OF STRESS	MOVED	ARGUED MORE W/ PARTNER		COULDN'T PAY BILLS	SOMEONE CLOSE DIED	SOMEONE DRINKING/ DRUGS	PARTNER LOST JOB
PERCENT	34.0-39.9	30.9-36.6	29.9-35.7	27.1-32.7	23.8-29.2	14.3-18.8	12.1-16.2

CONFIDENCE INTERVALS								
SOURCES OF STRESS SEPARATED/DIVORCED PARTNER DIDN'T JOB PHYSICA FIGHT		PHYSICAL	YOU/ PARTNER JAILED	HOMELESS				
PERCENT	10.7-14.7	9.2-13.0	8.1-11.6	6.1-9.2	4.1-6.7	1.1-2.8		



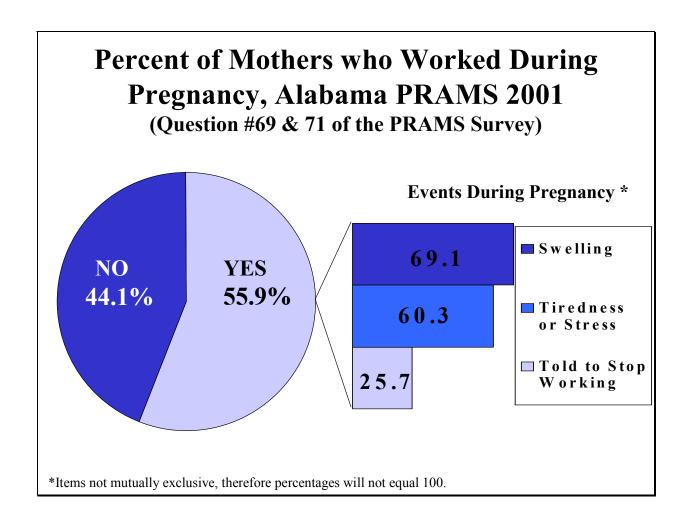
About one-fifth of Alabama mothers reported they did not experience any of the potential sources of stress illustrated on the previous graph. Almost 40 percent of mothers stated that they experienced one or two of these stresses, and 31.1 percent experienced three to five of the stresses. Over 9 percent of mothers experienced six or more stress factors during pregnancy.

CONFIDENCE INTERVALS					
NUMBER OF STRESS NONE 1-2 3-5 6+					
PERCENT	18.1-23.0	36.1-42.1	28.3-33.9	7.5-10.9	



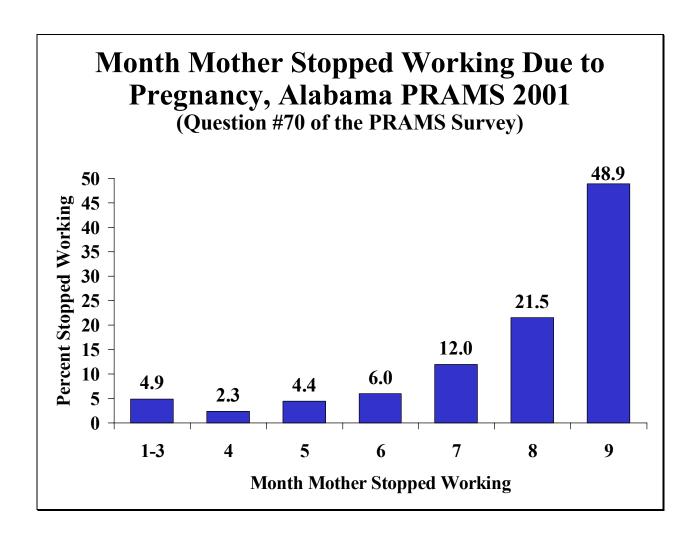
About a third of mothers discussed physical abuse with a doctor or health care worker during their prenatal visits. Almost 8 percent of mothers experienced abuse by their husband/partner before pregnancy, and 2.4 percent were abused by someone other than their husband/partner. The Healthy People 2010 Objective is to reduce the rate of physical assault by current or former intimate partners to 3.3 assaults per 1,000 persons aged 12 years or older, or 0.3 percent. Almost 6 percent of mothers were abused during pregnancy by their husband/partner, while 1.3 percent were abused by someone other than their husband/partner during pregnancy.

	CONFIDENCE INTERVALS							
PHYSICAL ABUSE			ABUSED BY SOMEONE ELSE BEFORE PREGNANCY	ABUSED BY HUSBAND/PARTNER DURING PREGNANCY	ABUSED BY SOMEONE ELSE DURING PREGNANCY			
PERCENT	31.1-36.8	5.9-9.0	1.5-3.3	4.4-7.2	0.7-1.9			



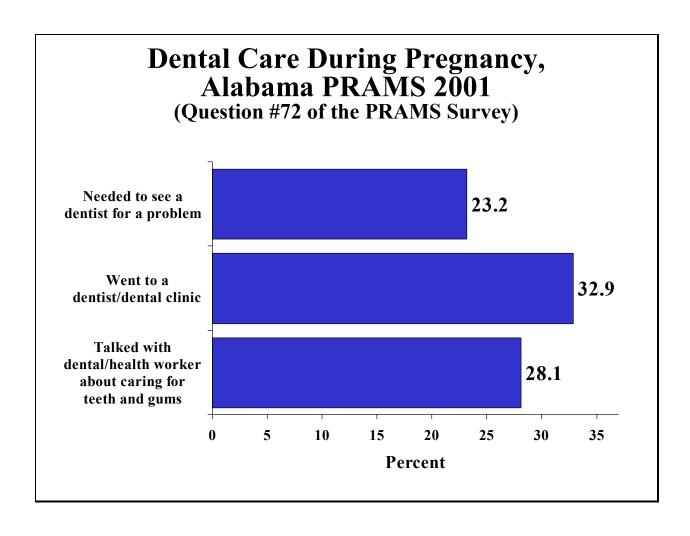
About 56 percent of Alabama women who gave birth in 2001 worked at least 10 hours per week during pregnancy. The majority of women working experienced swelling during pregnancy, or tiredness or work-related stress. About a quarter of women were told to stop working by their doctor or nurse.

CONFIDENCE INTERVALS							
MOTHERS WHO WORKED/ EVENTS	YES	NO	SWELLING	TIREDNESS OR STRESS	TOLD TO STOP WORKING		
PERCENT	52.9-58.8	41.2-47.1 65.2-73.0 56.2-6		56.2-64.4	22.1-29.3		



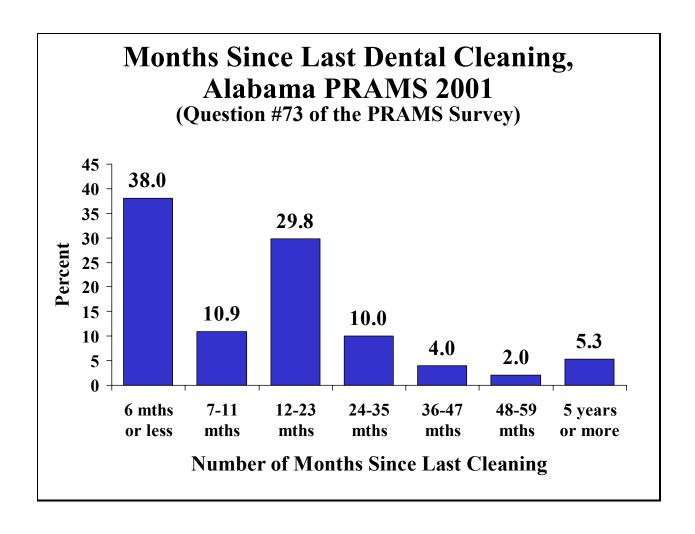
Among mothers who worked during pregnancy, 4.9 percent quit working in their first trimester. Almost half of working pregnant women in Alabama continued to work through the ninth month of their pregnancy.

	CONFIDENCE INTERVALS							
MONTH STOPPED WORKING	1 – 3	4	5	6	7	8	9	
PERCENT	3.3-6.5	1.2-3.4	2.8-6.0	4.2-7.8	9.4-14.6	18.0-24.9	44.9-53.0	



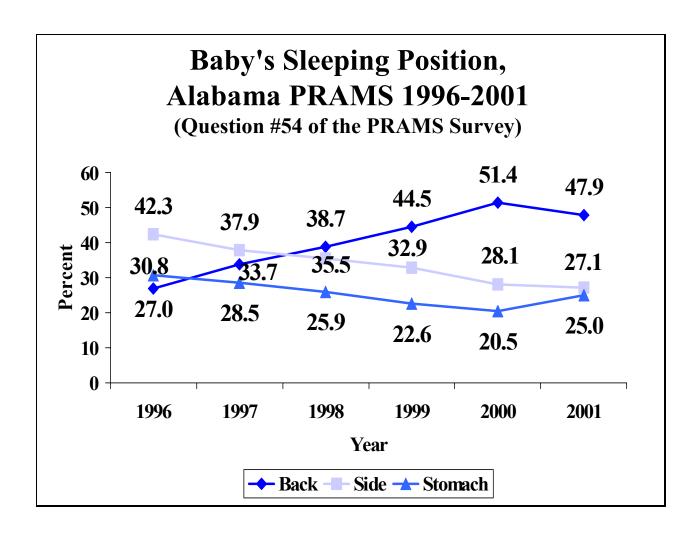
Alabama women were asked about their dental care during pregnancy. About a quarter of women reported that they needed to see a dentist for a problem during their pregnancy. Only a third saw a dentist during their pregnancy, and about a quarter talked with a dental/health care worker about caring for their teeth. All women should have seen a dentist during their pregnancy if they followed the recommended visit schedule of seeing a dentist every 6 months.

CO	ONFIDENCE I	NTERVALS	
EVENTS DURING PREGNANCY	NEEDED TO SEE DENTIST	SAW A DENTIST	TALKED WITH DENTAL/HEALTH WORKER
PERCENT	20.7-25.8	30.0-35.7	25.3-30.9



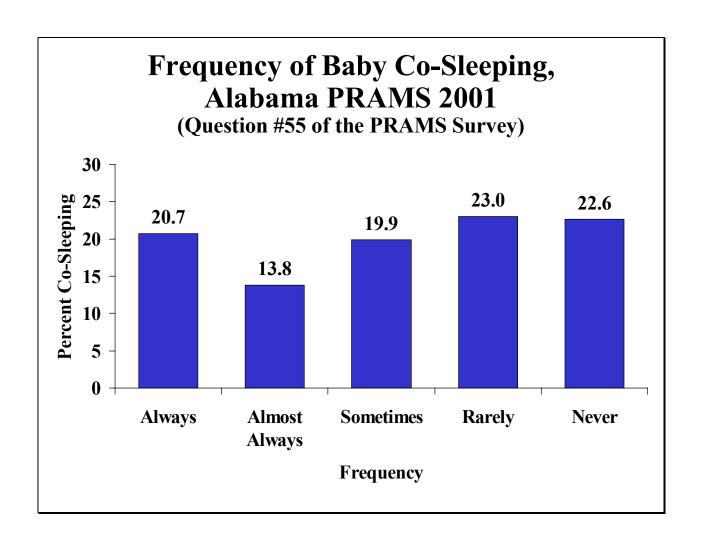
Mothers were asked, "How long has it been since you had your teeth cleaned by a dentist or a dental hygienist?" ___months. More than half of Alabama mothers waited a year or longer to have their teeth cleaned in 2001. Only 38.0 percent of mothers had their teeth cleaned in the last 6 months.

	CONFIDENCE INTERVALS							
MONTHS SINCE LAST CLEANING		7-11 MONTHS	12-23 MONTHS	24-35 MONTHS	36-47 MONTHS	48-59 MONTHS	5 YEARS OR MORE	
PERCENT	34.8-41.2	8.8-12.9	26.8-32.8	8.0-12.0	2.7-5.3	1.1-3.0	3.9-6.7	



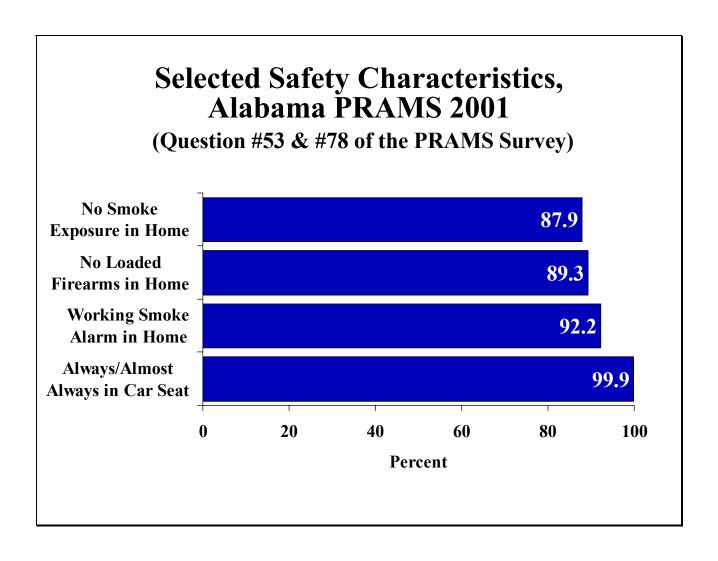
In 2001, when mothers were asked how they put their babies down to sleep most of the time, about one in four responded they place their infants on their stomachs and one in four on their side. Health providers suggest placing an infant to sleep on his/her back, which could reduce the risk of Sudden Infant Death Syndrome (SIDS). The percent of mothers putting their babies to sleep on their backs has shown a statistically significant increase from 27.0 percent (24.3-29.7) in 1996, to 47.9 percent (44.6-51.1) in 2001. The Healthy People 2010 Objective is to increase the percentage of healthy full-term infants who are put down to sleep on their backs to 70 percent.

CONFIDENCE INTERVALS								
YEAR/SLEEP POSITION	1996	1997	1998	1999	2000	2001		
SIDE	39.3-45.3	34.9-40.8	32.4-38.5	30.0-35.9	25.2-31.0	24.3-30.0		
BACK	24.3-29.7	30.7-36.6	35.6-41.7	41.3-47.7	48.1-54.6	44.6-51.1		
STOMACH	28.0-33.6	25.7-31.3	23.1-28.7	19.9-25.3	17.9-23.2	22.2-27.8		



About one-third of Alabama mothers stated that their babies always or almost always sleep in the same bed with the mother or someone else. About 20 percent sometimes allow their baby to cosleep, and about 23 percent never allow their baby to cosleep. Health care providers recommend infants sleep in their cribs or beds to reduce the risk of accidental injury or suffocation.

CONFIDENCE INTERVALS							
FREQUENCY OF COSLEEPING	ALWAYS	ALMOST ALWAYS	SOMETIMES	RARELY	NEVER		
PERCENT	18.3-23.1	11.6-15.9	17.4-22.4	20.3-25.7	20.0-25.3		



Alabama's mothers were concerned with safety. Almost 88 percent of mothers stated their babies had no smoke exposure in the home. Exposure to tobacco smoke is of great concern due to the harmful effects of secondhand smoke. About nine out of ten mothers stated there were no loaded firearms in the home. More than nine out of ten mothers stated their home had a working smoke alarm, and almost 100 percent of mothers responded that their baby always or almost always rides in a car seat. Three Healthy People 2010 Objectives are: to reduce the proportion of persons living in homes with firearms that are loaded and unlocked to 16 percent; to increase the total population living in residences with functioning smoke alarms on every floor to 100 percent; and to increase the use of child restraints to 100 percent.

CONFIDENCE INTERVALS					
SAFETY NO SMOKE EXPOSURE PERCENT 85.8-89.9		NO LOADED FIREARMS	WORKING SMOKE ALARM	ALWAYS IN CAR SEAT	
		87.3-91.3	90.6-93.9	99.7-100.0	

Mother's Miscellaneous Comments

- "This was my 2nd pregnancy of twins. The most recent [pregnancy] was achieved with clomid and IVF."
- "Partners can cause stress for mothers-to-be and also others can... to the point that she don't want to eat or worse."
- "I believe the reason for my little baby-boy being born at 30 weeks is due to me being stressed out during my 3rd, 4th, 5th month..."
- "I was under a lot of stress and that contributed to my premature labors. Stay stress free if you can."
- "Help pregnant mothers financial[ly] when the doctor take them off work early. It would relieve stress from the pregnant mothers who do not receive financial help."
- "I was on Bed Rest for the last month of my pregnancy. It was hard for me to keep [my 2 year old] and keep my blood pressure down!"
- "I had a very difficult pregnancy and should have been on bed rest most of it, but because you can't collect disability for a pregnancy I had no choice but to work..."
- "When I was 8 mo. pregnant, I [was] badly abused. I packed my things and my 2 yr. old and [left]. I then moved back into the home of my abuser all because I have nobody to help me because I'm only 18."
- "I believe there needs to be more talk about abuse in relationship and for people to know there is always a way out."
- "I wish there was some kind of dental plan for expecting mothers. I had problems with my gums and teeth. The problems still occur."
- "The Sobra Medicaid should also include Dental Servi[ce]s because is could be dangerous to the baby."
- "Mother[s] need eyecare and dental work during pregnancy."
- "The question about having loaded guns in the home we do but we also have them securely locked and out of children's reach."
- "In the short time as a mother I have been <u>horrified</u> by the number of children I've seen in cars with <u>no</u> child seats or they weren't using them!"

Technical Notes



Survey Questions

The PRAMS survey was developed by representatives of several states and researchers from the Centers for Disease Control and Prevention (CDC). The methodology generally follows techniques developed by Donald Dillman and outlined in his book, *Mail and Telephone Surveys: The Total Design Method*. Great care was used in designing the questions and in making them as non-threatening as possible to the respondent. All questions were worded so that a person with a ninth grade reading level should be able to easily comprehend them.

There is a set of core questions in the survey that are included in questionnaires from all states participating in the PRAMS project. A set of state-specific questions are included in questionnaires if each PRAMS state chooses to include them. A few questions were developed by the Alabama PRAMS Steering Committee and the Alabama PRAMS staff with the assistance of CDC staff.

The major objective of the project is to provide data for planners so that they can target and evaluate programs designed to improve the health of mothers and babies. The data in this report have been presented in a format which is easily useable and understandable by policy makers.

A significant feature of the PRAMS survey is that numerous attempts are made to contact each mother selected for the survey. Mothers are mailed up to three questionnaires at one week intervals. If the mother does not respond to the mailings, then up to fifteen attempts are made to contact her by telephone. These numerous attempts are helpful in reaching the required 70% overall response rate for statistical reliability.

The survey has gone through three revisions, or phases, since Alabama began using the PRAMS survey. 1993 to 1995 data were gathered in the Phase 2 survey. 1996 to 1999 data were gathered from the Phase 3 survey. In 2000, the Phase 4 survey began. Changes in the wording of a question from one phase to another, such as the breastfeeding question, are noted in the chart.

Weighting

Statistics in this report are based on weighted data. The weights were developed by CDC to adjust for nonresponse and noncoverage to give unbiased estimates of population parameters. The first element of the weight is the sampling weight which is the reciprocal of the sampling fraction for each stratum. The second element is a nonresponse adjustment factor. Finally, the third element is a sampling frame noncoverage weight which reflects a less than 0.1 percent rate of omission from the sampling frame. The resulting sampling weight used in analysis of the survey data is the product of these three elements and includes an adjustment for nonresponse and noncoverage*.

The nonresponse portion of the sampling weight was developed through a logistic regression analysis of variables related to nonresponse performed by CDC staff. These variables included mother's marital status, race, age, and education. The adjustment reflects the inclination of women possessing certain characteristics to repond at different rates than women not possessing those characteristics. For example, the response rate for married women is higher than that for unmarried women.

^{*} For 2001, there was no adjustment for noncoverage.

Calculation of Confidence Intervals

The 95% confidence intervals (CI) presented at the bottom of each page were computed using the formula [CI = percent +/- (1.96 x standard error)]. Percents and standard errors were calculated using the SAS and SUDAAN statistical packages provided by CDC. The confidence intervals are included to determine significance of trends. Generally, for simple univariate percentages, the standard errors should be reasonably small. However, for cross-classifications involving several variables, cell frequencies can be quite small and the standard errors quite large, resulting in a large confidence interval around the estimate.

Limitations

Because the mother is first contacted two to four months after giving birth, her responses may be subject to recall bias. She may have forgotten certain dates or what was discussed during pregnancy. Some questions ask the mother to remember up to 12 months before she became pregnant. The mother may also not respond truthfully if the question is asking about events that may not be socially acceptable; ie. smoking, drinking, use of birth control.

The Sample

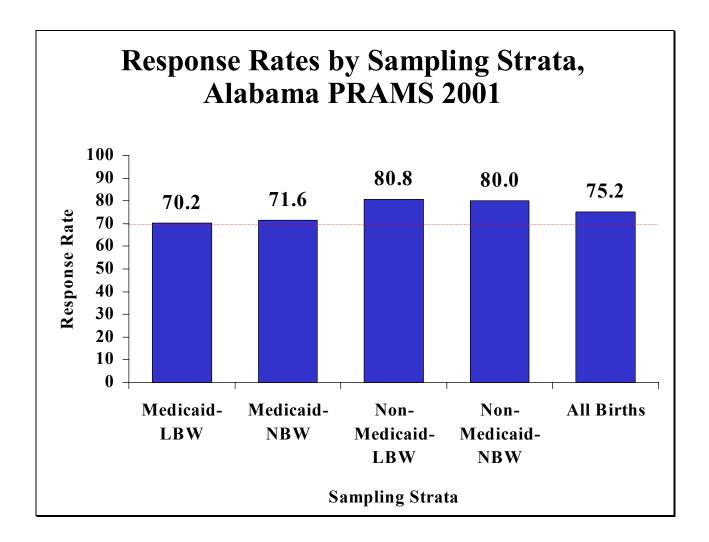
Each month approximately 180-200 women who have given birth two to four months before the sampling date are selected for the sample. The survey is divided into four strata: Medicaid low birth weight, Medicaid normal birth weight, non-Medicaid low birth weight, and non-Medicaid normal birth weight. Women in each of these strata have a different probability of being chosen. Samples are selected so that roughly equal numbers of women are chosen from each strata. The odds of being selected in 2001 were approximately as follows:

Medicaid low birth weight	1:5
Medicaid normal birth weight	1:40
Non-Medicaid low birth weight	1:5
Non-Medicaid normal birth weight	1:54

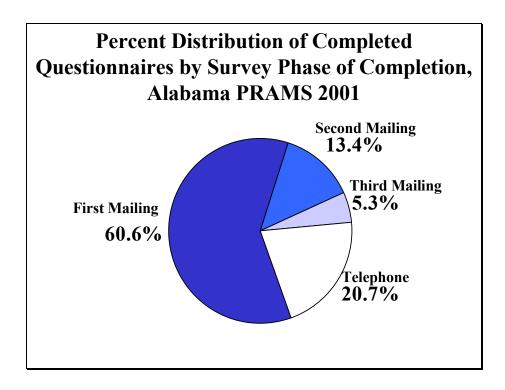
Selection probabilities are adjusted annually to take into account the changes in the distribution of births over time and the response rates of mothers in each strata. The goal is to obtain at least 400 completed questionnaires from each strata.

Strata were chosen to allow for oversampling of mothers who give birth to low birth weight babies and mothers whose birth was paid for by Medicaid. Both low birth weight births and Medicaid births are of special interest to the state of Alabama. Oversampling allows for large enough numbers of births that are low birth weight and Medicaid to be able to perform analyses.

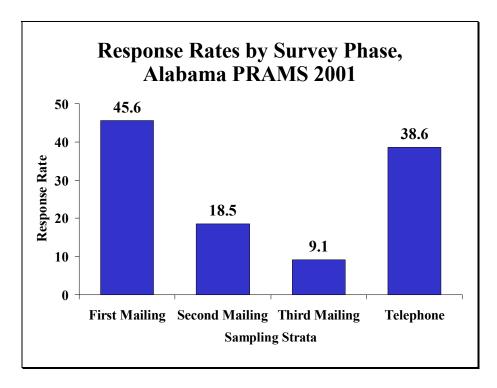
Response Rates



As a rule of thumb, CDC requires at least 400 completed questionnaires and a response rate of 70 percent in a stratum before the data are considered statistically reliable. The response rates for all strata are at or above 70 percent this year.



The majority of completed questionnaires are received as a result of the initial mailing (60.6%). The second mailing accounts for 13.4 percent of the completed questionnaires, and 5.3% of the surveys are returned as a result of the third mailing. Telephone interviews account for 20.7% of the total completed questionnaires.



Of all the women who were sent the first mailing, 45.6 percent responded. The second mailing had a 18.5 percent response rate. The response rate for the third mailing was only 9.1 percent. Of those who entered the phone phase, 38.6 percent completed the questionnaire over the telephone. One source of bias in the survey is the possibility that mothers may answer some of the questions differently depending upon whether they respond by mail or telephone.

PRAMS Survey Questions



First, we would like to ask a few questions about you and the time before you became pregnant with your new baby. Please check the box next to your answer.

1.	Just before you got pregnant, did you have health insurance? (Do not count Medicaid.)
	No
	Yes
2	Just before you got pregnant, were you on Medicaid?
	No
	Yes
2	In the menth before your get magnet with more your haber have means times a most did
	In the month <i>before</i> you got pregnant with your new baby, how many times a week did you take a multivitamin (a pill that contains many different vitamins and minerals)?
	· · · · · · · · · · · · · · · · · · ·
	I didn't take a multivitamin at all 1 to 3 times a week
	4 to 6 times a week
	Every day of the week
4.	What is your date of birth?
	Month Day Year
5	Just before you got pregnant, how much did you weigh?
J. (Just before you got pregnant, now much the you weigh.
	Dourds OD Viles
-	Pounds OR Kilos
6. 3	How tall are you without shoes?
	Feet Inches
	OR Centimeters
7.	Before your new baby, did you ever have any other babies who were born alive?
	No → Go to Question 10
	Yes Go to Question 10
8	Did the baby born just before your new one weigh 5 pounds, 8 ounces (2.5 kilos) or less
0.	at birth?
	No
	Yes
0	Was the baby just before your new one born <i>more</i> than 3 weeks before its due date?
9.	was the baby just before your new one born more than 3 weeks before its due date:
	No Y
	Yes
10.	How old were you when you got pregnant with your first baby?
	Vears old

The next questions are about just before you became pregnant with your new baby.

11. Thinking back to *just before* you got pregnant, how did you feel about becoming pregnant?

Check one answer

I wanted to be pregnant sooner

I wanted to be pregnant later

I wanted to be pregnant then

I didn't want to be pregnant then or at any time in the future

12. When you got pregnant with your new baby, were you trying to become pregnant?

No Yes → Go to Question 15

13. When you got pregnant with your new baby, were you or your husband or partner doing anything to keep from getting pregnant? (Some things people do to keep from getting pregnant include not having sex at certain times [rhythm], and using birth control methods such as the pill, Norplant®, shots [Depo-Provera®], condoms, diaphragm, foam, IUD, having their tubes tied, or their partner having a vasectomy.)

No Yes Go to Question 15

14. What were your or your husband's or partner's reasons for not doing anything to keep from getting pregnant?

Check all that apply

I didn't mind if I got pregnant

I thought I could not get pregnant at that time

I had side effects from the birth control method I was using

I had problems getting birth control when I needed it

I thought my husband or partner or I was sterile (could not get pregnant at all)

My husband or partner didn't want to use anything

Other → Please tell us:

15. Did you take any fertility drugs to help you get pregnant with your new baby?

(Fortility drugs include Clamid® Scrophone® Porganal® or any other drugs that

(Fertility drugs include Clomid®, Serophene®, Pergonal®, or any other drugs that you may have taken to help you get pregnant.)

No

Yes

16. Did you use any medical procedures (assisted reproductive technology) to help you get pregnant with your new baby? (Assisted reproductive technology procedures include in vitro fertilization [IVF], GIFT, ZIFT, embryo transfer, and donor oocytes.)

No

Yes

The next questions are about the prenatal care you received during your most recent pregnancy. Prenatal care includes visits to a doctor, nurse, or other health care worker before your baby was born to get checkups and advice about pregnancy. (It may help to look at a calendar when you answer these questions.)

	How many weeks or months pregnant were you when you were sure you were pregnant? (For example, you had a pregnancy test or a doctor or nurse said you were pregnant.)
	Weeks OR Months I don't remember
18.	How many weeks or months pregnant were you when you had your first visit for prenatal care? (Don't count a visit that was only for a pregnancy test or only for WIC [the Special Supplemental Nutrition Program for Women, Infants, and Children].)
	Weeks OR Months I didn't go for prenatal care
19.	Did you get prenatal care as early in your pregnancy as you wanted?
	No Yes I didn't want prenatal care Go to Question 21
20.	Did any of these things keep you from getting prenatal care as early as you wanted?
	Check all that apply I couldn't get an appointment earlier in my pregnancy I didn't have enough money or insurance to pay for my visits I didn't know that I was pregnant I had no way to get to the clinic or doctor's office The doctor or my health plan would not start care earlier I didn't have my Medicaid card I had no one to take care of my children I had too many other things going on Other Please tell us:
•	u did not go for prenatal care, go to stion 25.
21.	Where did you go most of the time for your prenatal visits? (Do not include visits for WIC.) Check one answer Hospital clinic Health department clinic Private doctor's office or HMO clinic Community health center Military facility
	Other — Please tell us:

22. How was your prenatal care paid for?		
Check <u>all</u> that apply		
Medicaid Personal income (cash, check, or credit card) Health insurance or HMO Military Health department Other → Please tell us:		
22. During any of your monatel care visits did a dector mures or other health care		
23. During any of your prenatal care visits, did a doctor, nurse, or other health care worker talk with you about any of the things listed below? (Please count only		
discussions, not reading materials or videos.) For each item, circle Y (Yes) if someone		
talked with you about it or circle N (No) if no one talked with you about it.		
	No	Yes
a. How smoking during pregnancy could affect your baby		Y
b. Breastfeeding your baby		Y
c. How drinking alcohol during pregnancy could affect your baby		Y
d. Using a seat belt during your pregnancy		Y Y
e. Birth control methods to use after your pregnancy		Y
f. Medicines that are safe to take during your pregnancy		Y
g. How using illegal drugs could affect your babyh. Doing tests to screen for birth defects or diseases	11	1
that run in your family	N	Y
i. What to do if your labor starts early		Y
j. Getting your blood tested for HIV (the virus that causes AIDS)		Y
k. Physical abuse to women by their husbands or partners		Ÿ
24. At any time during your prenatal care, did a doctor, nurse, or other health care worker	r I	
talk with you about how much weight you should gain during your pregnancy?		
No Yes → How many pounds did he or she recommend you gain?		
Pounds		
The next questions are about your most recent pregnancy and things that might have happ pregnancy.	ened d	uring your
25. During your pregnancy, were you on WIC (the Special Supplemental Nutrition Program for Women, Infants, and Children)?		
No Yes		

26. Did you have any of these problems during your pregnancy? For each item, circle Y (Yes) if you had the problem or circle N (No) if you did not.		
	No	Yes
a. Labor pains more than 3 weeks before your baby was due	N T	3 7
(preterm or early labor)	IN	Y
b. High blood pressure (including preeclampsia or toxemia) or retained water (edema)	N	Y
c. Vaginal bleeding.		Y
d. Problems with the placenta	11	•
(such as abruptio placentae, placenta previa)	N	Y
e. Severe nausea, vomiting, or dehydration		\mathbf{Y}
f. High blood sugar (diabetes)		Y
g. Kidney or bladder (urinary tract) infection	N	Y
h. Water broke more than 3 weeks before your baby was due		
(premature rupture of membranes, PROM)		Y
i. Cervix had to be sewn shut (incompetent cervix, cerclage)		Y
j. You were hurt in a car accident	N	Y
If you did not have any of these problems, go to		
Question 28.		
27 Did you do any of the following things because of these weekless (a)?		
27. Did you do any of the following things because of these problem(s)?		
Check <u>all</u> that apply		
I went to the hospital or emergency room and stayed less than 1 day		
I went to the hospital and stayed 1 to 7 days		
I went to the hospital and stayed more than 7 days		
I stayed in bed at home more than 2 days because of my doctor's or nurse's advice		
1 sun you in sou no nome more than 2 unys seemest of my woods s of hurse s united		
The next questions are about smoking cigarettes and drinking alcohol.		
28. Have you smoked at least 100 cigarettes in the past 2 years? (A pack has 20 cigarettes.)		
No → Go to Question 32		
Yes		
29. In the 3 months before you got pregnant, how many cigarettes or packs of cigarettes did		
you smoke on an average day? (A pack has 20 cigarettes.)		
Cigarettes OR Packs		
Less than 1 cigarette a day		
I didn't smoke		
I don't know		
30. In the <i>last 3 months</i> of your pregnancy, how many cigarettes or packs of cigarettes did		
you smoke on an average day?		
C'arretter OD Broke		
Cigarettes OR Packs		
Loss than 1 almounts a day		
Less than 1 cigarette a day		
I didn't smoke I don't know		
1 UUI T KIIUW		

W W			
31. How many cigarettes or packs of cigarettes do you smoke on an average day now?			
Circusttee OD Books			
Cigarettes OR Packs			
Less than 1 cigarette a day			
Less than I eigarette a day I don't smoke			
I don't know			
32. Have you had any alcoholic drinks in the past 2 years? (A drink is 1 glass of wine, wine			
cooler, can or bottle of beer, shot of liquor, or mixed drink.)			
No Go to Question 35			
Yes			
33. a. During the 3 months before you got pregnant, how many alcoholic drinks did you			
have in an average week?			
I didn't drink then			
Less than 1 drink a week			
1 to 3 drinks a week			
4 to 6 drinks a week			
7 to 13 drinks a week			
14 drinks or more a week			
I don't know			
b. During the 3 months before you got pregnant, how many times did you drink 5			
alcoholic drinks or more in one sitting?			
Times			
T 19 1 % 1 9 1 A			
I didn't drink then			
I don't know			
24 a Duning the last 2 mouths of your programmy how many clockells drinks did you have in an average			
34. a. During the <i>last 3 months</i> of your pregnancy, how many alcoholic drinks did you have in an average week?			
week:			
I didn't drink then			
Less than 1 drink a week			
1 to 3 drinks a week			
4 to 6 drinks a week			
7 to 13 drinks a week			
14 drinks or more a week			
I don't know			
b. During the <i>last 3 months</i> of your pregnancy, how many times did you drink 5			
alcoholic drinks or more in one sitting?			
areonotic utility of more in one sitting;			
Times			
I didn't drink then			
I don't know			
A WORLE KNOW			

Pregnancy can be a difficult time for some women. These next questions are about things that may have happened before and during your most recent pregnancy.

35.	5. This question is about things that may have happened during the 12 months before your new baby was born. For each item, circle Y (Yes) if it happened to you or circle N (No) if it did not. (It may help to use the calendar.)			
	No Yes			
a.	A close family member was very sick and had to go into the hospital N Y			
b.	You got separated or divorced from your husband or partner N Y			
c.	You moved to a new address N Y			
d.	You were homeless N Y			
e.	Your husband or partner lost his job			
f.	You lost your job even though you wanted to go on working N Y			
g.	You argued with your husband or partner more than usual N Y			
h.	Your husband or partner said he didn't want you to be pregnant N Y			
i.	You had a lot of bills you couldn't payN Y			
j.	You were in a physical fightN Y			
k.	You or your husband or partner went to jail N Y			
l.	Someone very close to you had a bad problem with drinking or drugs N Y			
m.	Someone very close to you diedN Y			
36.	a. During the 12 months before you got pregnant, did your husband or partner push,			
50.	hit, slap, kick, choke, or physically hurt you in any other way?			
	me, stap, kick, choke, or physically mure you in any other way.			
	No			
	Yes			
	b. During the 12 months before you got pregnant, did anyone else physically hurt you in any way?			
	No			
	Yes			
37.	a. During your most recent pregnancy, did your husband or partner push, hit, slap, kick, choke, or physically hurt you in any other way?			
	Na			
	No Var			
	Yes			
	b. During your most recent pregnancy, did anyone else physically hurt you in any way?			
	No			
	Yes			
	165			
	e next questions are about your labor and delivery. (It may help to look at the calendar when you answer se questions.)			
38.	When was your baby due?			
	Month Day Year			

39. When did you go into the hospital to have your baby?			
Month Day Year			
I didn't have my baby in a hospital			
40. When was your baby born?			
Month Day Year			
41. When were you discharged from the hospital after your baby was born? (It may help to use the calendar.)			
(it may help to use the calcidar.)			
Month Day Year			
I didn't have my baby in a hospital			
42. After your baby was born, was he or she put in an intensive care unit?			
N.			
No Yes			
I don't know			
1 don t know			
43. After your baby was born, how long did he or she stay in the hospital?			
Less than 24 hours (Less than 1 day)			
24–48 hours (1–2 days)			
3 days			
4 days 5 days			
6 days or more			
My baby was not born in a hospital			
My baby is still in the hospital			
44. How was your delivery paid for?			
Check all that apply			
Medicaid			
Personal income (cash, check, or credit card)			
Health insurance or HMO			
Military			
Health department			
Other — Please tell us:			
The next questions are about the time since your new baby was born.			
45. What is today's date?			
Month Day Year			

46. Is your baby alive now?			
No Yes → Go to Question 48			
47. When did your baby die?			
Month Day Year Go to Question 61			
48. Is your baby living with you now?			
No Go to Question 61 Yes			
49. Did you ever breastfeed or pump breast milk to feed your new baby after delivery?			
No Go to Question 53 Yes			
50. Are you still breastfeeding or feeding pumped milk to your new baby?			
No Yes → Go to Question 52			
51. How many weeks or months did you breastfeed or pump milk to feed your baby?			
Weeks OR Months			
Less than 1 week			
52. How old was your baby the first time you fed him or her anything besides breast milk? (Include formula, baby food, juice, cow's milk, water, sugar water, or anything else you fed your baby.)			
Weeks OR Months			
My baby was less than one week old I have not fed my baby anything besides breast milk			
If your baby is still in the hospital, go to Question 61.			
53. About how many hours a day, on average, is your new baby in the same room with someone who is smoking?			
Hours			
Less than one hour a day My baby is never in the same room with someone who is smoking			

54. How do you most often lay your baby down to sleep now?			
Check one answer			
<u></u>			
On his or her side On his or her back			
On his or her stomach			
On his of her stomach			
55. How often does your new baby sleep in the same bed with you or anyone else?			
Always			
Almost always			
Sometimes			
Rarely			
Never			
56. Was your baby seen by a doctor, nurse, or other health care provider in the first week			
after he or she left the hospital?			
No Go to Question 58			
Yes			
57. Was your new baby seen at home or at a health care facility?			
At home			
At a doctor's office, clinic, or other health care facility			
50 H.,, b., b., d.,, II b., b., d.,, 0			
58. Has your baby had a well-baby checkup?			
No Go to Question 61			
Yes			
59. How many times has your baby been to a doctor or nurse for a well-baby checkup? (It			
may help to use the calendar.)			
may not to use the entonant.)			
Times			
60. Where do you usually take your baby for well-baby checkups?			
Check one answer			
Choth <u>and</u> who we			
Hospital clinic			
Health department clinic			
Private doctor's office or HMO clinic			
Community health center			
Military facility			
Other -> Please tell us:			

The next few questions are about the time after you gave birth to your new baby and things that may have happened after delivery.

61.	After your new baby was born, did a doctor, nurse, or other health care wo	rker talk
	with you about using birth control?	

No

Yes

62. Are you or your husband or partner doing anything *now* to keep from getting pregnant? (Some things people do to keep from getting pregnant include having their tubes tied or their partner having a vasectomy, using birth control methods like the pill, Norplant®, shots [Depo-Provera®], condoms, diaphragm, foam, IUD, and not having sex at certain times [rhythm].)

No		
Yes →	Go to Question 64	

63. What are your or your husband's or partner's reasons for not doing anything to keep from getting pregnant *now*?

Check <u>all</u> that apply, then go to Question 65

I am not having sex
I want to get pregnant
I don't want to use birth control
My husband or partner doesn't want to use anything
I don't think I can get pregnant (sterile)
I can't pay for birth control
I am pregnant now
Other → Please tell us:

64. What kind of birth control are you or your husband or partner using now to keep from getting pregnant?

Tubes tied (sterilization)
Vasectomy (sterilization)
Pill
Condoms
Foam, jelly, cream
Norplant®
Shots (Depo-Provera®)
Withdrawal
Other → Please tell us:

The next questions are about your family and the place where you live.

65.	Which rooms are in the h	ouse, apartment, or trailer w	here you live?		
			1		
		Check <u>all</u> that apply			
	Living room		_		
	Separate dining room				
	Kitchen				
	Bathroom(s)				
	Recreation room, den	, or family room			
	Finished basement				
	Bedroom → Hov	v many?			
"		1 11	4 4 4 9	0	
66.	Counting yourself, now m	nany people live in your house	e, apartment, or traile	er?	
	Adults (people aged	18 years ololder)			
	Babies, children, or	teenagers (people aged 17 ye	ars or younger)		
67.	What were the sources of	your household's income du	ring the past 12 montl	hs?	
		Check <u>all</u> that apply			
	Paycheck or money fr	om a ioh			
		ry Assistance for Needy Fami	lies (TANF), welfare.	nublic assistance, gener	ral
		os, or Supplemental Security		P 8*	
	Unemployment benefi				
	Child support or alim				
		ers [;] compensation, veteran be	nefits, or pensions		
		ss, fees, dividends, or rental in			
	Money from family or	friends			
	Other - Please tel	l us:			
_					
		re questions on a variety of to	pics. Your answers s	hould be for your most	
rec	ent birth and the pregnanc	cy leading up to that birth.			
60	During your most recent	pregnancy, did you get any o	f those services? Circl	a V (Vac)	
00.		cle N (No) if you did not get it.		.6 1 (168)	
	if you got the service of cir	eie iv (ivo) ii you did not get it.	No	Yes	
			110	1 CS	
a.	Childbirth classes		N	Y	
b.		•••••		Y	
c.		oking		Y	
d.		nurse or other health care wo		Y	
e.	· ·			Y	
f.	TANF (Welfare)	•••••	N	Y	
69. Did you work for pay for at least 10 hours per week during your pregnancy?					
	$N_0 \longrightarrow G_0 t_0 ($	Question 72			
	Yes				

more per week?	
First, second, or third month Fourth month Fifth month Sixth month Seventh month	
Eighth month	
Ninth month	
71. Did any of these things happen to you during your pregnancy. For each thing, circle Y (Yes) if it did happen to you or circle N (No) if it did not.	
No Yes	
a. My doctor or nurse told me to stop going to work	
b. I had tiredness or work-related stress	
c. I had swelling in my ankles, hands, face, or elsewhere	
72. This question is about the care of your teeth during your most recent pregnancy. For each thing, circle Y (Yes) if it is true or circle N (No) if it is not true.	
No Yes	
a. I needed to see a dentist for a problem	
b. I went to a dentist or dental clinic	
c. A dental or other health care worker talked with me about how	
to care for my teeth and gums	
73. How long has it been since you had your teeth cleaned by a dentist or a dental hygienist?	
Months If you did not go for prenatal care, go to	
Question 75.	
74. During any of your prenatal care visits, did a doctor, nurse, or other health care worker talk to you about how HIV (the virus that causes AIDS) could affect your baby?	
NT.	
No Yes	
res	
If your baby is not alive, or is not living with you, go to Page 15.	

70. What was the last month of your pregnancy that you worked for pay for 10 hours or

75.	5. This question asks about things that may have happened at the hospital where your new baby was born. For each item, circle Y (Yes) if it happened or circle N (No) if it did not happen.				
	N	lo Yes			
a.	Hospital staff gave me information about breastfeeding				
b.	My baby stayed in the same room with me at the hospital				
c.	I breastfed my baby in the hospital				
d.	I breastfed my baby in the first hour after my baby was born				
e.	Hospital staff helped me learn how to breastfeed				
f.	My baby was fed only breast milk at the hospital				
g.	Hospital staff told me to breastfeed whenever my baby wanted				
h.	The hospital gave me a gift pack with formula	N Y			
i.	The hospital gave me a telephone number to call for				
	help with breastfeedingN				
j.	My baby used a pacifier in the hospital	N Y			
76	Since your new baby was born, have you used WIC services for your new ba	aby 9			
70.	Since your new dady was dorn, have you used with services for your new day	any:			
	No → Go to Question 78				
	Yes				
	- 44				
77.	When you went for WIC visits for your new baby, did you receive informat	tion on breastfeeding?			
		9			
	No				
	Yes				
78.	Listed below are some things about safety. For each thing, circle Y (Yes) if it	t applies to			
	you or circle N (No) if it does not.				
	No	o Yes			
a.	My infant was brought home from the hospital in an infant car seat N	N Y			
b.	My baby always or almost always rides in an infant car seat				
c.	My home has a working smoke alarm				
d.	There are loaded guns, rifles, or other firearms in my home				
	· ·				
79.	How old was your baby when he or she went for his or her first well-baby c	heckup?			
	Weeks old				
	Less than 1 week				
	My baby has never had a well-baby checkup				

Please use this space for any additional comments you would like to make about the health of mothers and babies in Alabama.